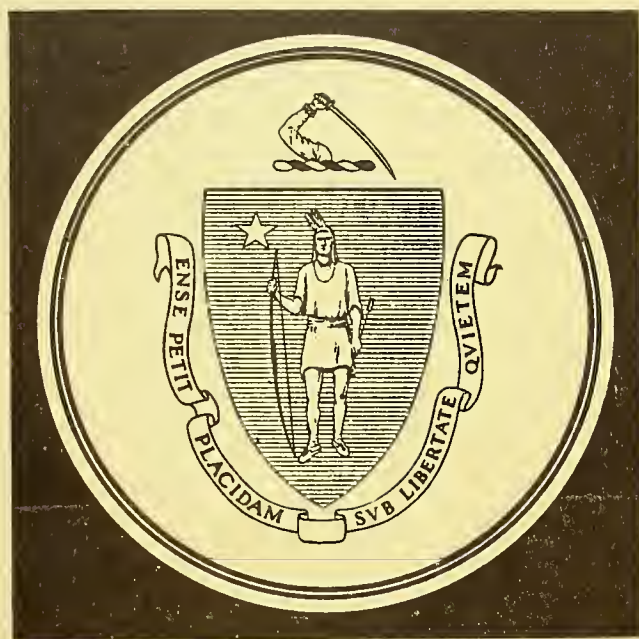


The Commonwealth of Massachusetts



■ FIFTY - THIRD ■ **ANNUAL REPORT**

of the

MASSACHUSETTS:
Department of Public Health.

■ July 1, 1966 - June 30, 1967 ■

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53rd ANNUAL REPORT

of the

Mass. DEPARTMENT OF PUBLIC HEALTH.

July 1, 1966 - June 30, 1967

STATEMENT OF MASSACHUSETTS

DEC 29 1967

STATE HOUSE, BOSTON

OFFICIALS

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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

June 30, 1967

Commissioner of Public Health, Alfred L. Frechette, M.D., M.P.H.

PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

| | | | |
|--------------------------|-----------|------------------------|-----------|
| Francis B. Carroll, M.D. | 1964-1967 | John H. Knowles, M.D. | 1964-1970 |
| Bernard B. Berger, M.S. | 1966-1968 | Samuel Kovner | 1960-1971 |
| Ralph E. Sirianni | 1963-1969 | John P. Rattigan, M.D. | 1966-1972 |

Moir E. Nixon, Secretary

OFFICE OF THE COMMISSIONER

Assistant to Commissioner
(Radiological Health)

Gerald S. Parker, M.S.

Division of Medical Care

David R. Kinloch, M.D., D.P.H., Director

BUREAU OF ADMINISTRATION

Division of Administration

Harry W. Attwood, Director

Division of Health Education

Marie F. Gately, M.Ed., M.P.H., Director

Division of Public Health Research,
Development, and Professional Training

F. Randolph Philbrook, M.D., M.P.H.,
Director

BUREAU OF CHRONIC DISEASE CONTROL

Division of Adult Health

Myer Herman, M.D., D.P.H., Director

Division of Alcoholism

Edward Blacker, Ph.D.,
Director of Alcoholism Program

Division of Communicable Diseases

Nicholas J. Fiumara, M.D., M.P.H., Director

Division of Dental Health

William D. Wellock, D.M.D., M.P.H., Director

Division of Nursing Homes and
Related Facilities

Samuel Levey, Ph.D., Director

Lemuel Shattuck Hospital

Harry T. Phillips, M.D., Superintendent

BUREAU OF CONSUMER PRODUCTS PROTECTION

Division of Food and Drugs

George A. Michael, B.S.,
Director and Deputy Commissioner

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

John C. Collins, M.S., Director

BUREAU OF HEALTH SERVICES

Division of Local Health Services

Leon Sternfeld, M.D., M.P.H.,
Director and Deputy Commissioner

Regional Health Offices

Southeastern Region
Lakeville Hospital
Lakeville

Benjamin Sachs, M.D., M.P.H.,
Regional Health Director

Northeastern Region
Tewksbury Hospital
Tewksbury

Frederick A. Dunham, M.D., M.P.H.,
Regional Health Director

Central District
Rutland Heights Hospital
Rutland

Gilbert D. Joly, B.S.,
Acting District Health Officer

Western Region
University of Massachusetts
Amherst

Jerome S. Peterson, M.D.,
Regional Health Director

and
246 North Street, Pittsfield

Division of Maternal and Child
Health Services

M. Grace Hussey, M.D., M.P.H., Director

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities

A. Daniel Rubenstein, M.D., M.P.H.,
Director and Deputy Commissioner

BUREAU OF INSTITUTE OF LABORATORIES
Geoffrey Edsall, M.D., Superintendent

Division of Biologic Laboratories

Morton A. Madoff, M.D., Director

Division of Diagnostic Laboratories

Robert A. MacCready, M.D., Director

BUREAU OF TUBERCULOSIS CONTROL

Division of Sanatoria and
Tuberculosis Control

William P. McHugh, M.D., M.P.H., Director

Hospitals

| | | |
|--------------------------------|-------------------------|----------------|
| Lakeville Hospital | George L. Parker, M.D. | Superintendent |
| Massachusetts Hospital School | John J. Carroll, M.D. | Superintendent |
| Pondville Hospital | Henry W. Kolbe, M.D. | Superintendent |
| Rutland Heights Hospital | Endre K. Brunner, M.D. | Superintendent |
| Tewksbury Hospital | Thomas J. Saunders | Superintendent |
| Western Massachusetts Hospital | Roland R. Cartier, M.D. | Superintendent |

ANNUAL REPORT OF PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

Submitted herewith is the annual report of the Public Health Council for the fiscal year ending June 30, 1967.

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. In compliance with General Laws, Chapter 30A, Section 11A, notices of all regular and special meetings of the Council were filed with the Executive Office for Administration and Finance and with the Secretary of State.

Meetings of the subcommittees of the Public Health Council on Hospital Problems and Environmental Sanitation were held when necessary during the year.

General Duties

The regular duties imposed upon the Council by General Laws, Chapter 111, Section 3, and other statutes have been carried out. These include the approval and licensing of hospitals, blood banks, convalescent and nursing homes, rest homes, public medical institutions, city and town infirmaries, dispensaries and dental clinics, day care centers, and medical schools and laboratories desiring to obtain impounded animals for scientific investigation, experiment or instruction. These approvals are based upon reports of inspections by members of the Department who ascertain if the facilities comply with the Department's standards for licensure.

Other duties included the certification of laboratories which have taken part in the annual evaluation and have demonstrated their ability to perform satisfactorily certain tests; approval of personnel in the Department, including sanatoria; approval of professional personnel at county and municipal sanatoria which contract with the Department for the care of tuberculosis patients; approval of food regulations and air pollution control regulations of local communities; advice to communities and official agencies relative to sanitary problems of water supply, sewage disposal and nuisances.

Agreements were approved and signed between the Commonwealth, through the Department of Public Health, and the following:

- Tufts University School of Dental Medicine relative to cleft palate and dento-facial deformities project;
- GCA Corporation, Bedford, relative to survey of air pollution within the Metropolitan Air Pollution Control District and Vicinity;
- Singco, Inc., Burlington, (2 agreements) relative to survey of air pollution within the Metropolitan Air Pollution Control District and Vicinity;

Children's Hospital Medical Center relative to supervision of Department's social work students;
Rehabilitation Center of Worcester, Inc., relative to provision of plastic services in the Worcester area on a fee for service basis through the Center's clinics;
Massachusetts Fund for Children and Youth relative to the conducting of research studies and developmental activities in maternal and child health;
Massachusetts Medical Society relative to an expanded perinatal mortality study;
Massachusetts General Hospital relative to provision of social work services to the Children's Developmental Clinic in Cambridge;
Boston University School of Medicine relative to provision of professional personnel in the Ambulatory Care Unit of the Boston Department of Health and Hospitals;
St. Elizabeth's Hospital relative to a newborn infant hearing study;
Beth Israel Hospital relative to a comprehensive pediatric care clinic.

New contracts for the care and treatment of persons with tuberculosis were approved and signed by the Department of Public Health and Boston Sanatorium, Middlesex County Sanatorium, Norfolk County Hospital, and Worcester County Sanatorium.

Department Organization and Personnel

With the passage of the Social Security Amendments of 1965, it soon became evident that additional staff would be required to efficiently carry out the Department's responsibilities under Title XVIII and Title XIX. At its meeting in October 1966, the Public Health Council voted to establish a Division of Medical Care in the Office of the Commissioner. Dr. David R. Kinloch was appointed Director of the new Division, and necessary staff is being recruited.

During fiscal 1967, three major positions in the Department were left vacant through retirements. The following appointments were approved by the Public Health Council to fill these positions:

Morton A. Madoff, M.D., Director
Division of Biologic Laboratories
John C. Collins, Chief Engineer and Director
Division of Sanitary Engineering
Henry W. Kolbe, M.D., Superintendent
Pondville Hospital

Public Hearings

During the year the Public Health Council conducted five public hearings relative to the operation of a local refuse disposal area, licensure of nursing homes, qualifications of an applicant for a nursing home license, and increasing the ceiling rates established by the Department concerning expenses for the care and hospitalization of an infant weighing five pounds or less at birth. As a result of the latter hearing, which was held in Gardner Auditorium on October 25, 1966, the ceiling rate of \$12.00 established by the Department was repealed and a more realistic

rate of reimbursement for care of premature babies established and filed with the Secretary of State, effective April 1, 1967.

Under authority of General Laws, Chapter 111, Section 3, the Director of the Division of Sanitary Engineering conducted hearings relative to landtaking for water supply protection, for sewage disposal purposes, and for the operation of refuse disposal areas. Under similar authority and Chapter 94, the Director of the Division of Food and Drugs held hearings relative to bedding, upholstered furniture, stuffed toys, and uncarbonated fruit beverages. The Director of the Division of Hospital Facilities held hearings relative to amendment of the Rules and Regulations for the Licensing of Dispensaries and Clinics, and Rules and Regulations for the Licensing of Hospitals and Sanatoria; and the Director of the Division of Nursing Homes and Related Facilities held a hearing relative to amendment of the Rules and Regulations for the Licensing of Convalescent or Nursing Homes.

Chapter 713 of the Acts of 1966 amended Section 71 of Chapter 111 of the General Laws and also provided for the appointment of a Hearings Officer in the Department of Public Health. The Hearings Officer would, with the approval of the Commissioner and Public Health Council, hold hearings as provided under Chapter 111 of the General Laws. Since her appointment in January 1967, the Hearings Officer has held approximately fifty hearings relative to the licensing of nursing, convalescent and rest homes.

The information presented at hearings held by Division Directors and the Hearings Officer was submitted to subsequent meetings of the Public Health Council for action.

Regulations

Following public hearings held in accordance with the State Administrative Procedure Act, new regulations were adopted and existing regulations amended as follows:

| | |
|--|---------|
| Rules and Regulations relative to Bedding, Upholstered Furniture and Stuffed Toys | Amended |
| Standard of Identity for Uncarbonated Fruit Beverages, Ingredients and Imitations Thereof | Amended |
| Ceiling Rate for the Care of Prematurely Born Infants | |
| Rules and Regulations for the Licensure of Dispensaries and Clinics | Revised |
| Article XI of State Sanitary Code titled "Minimum Requirements for the Disposal of Sanitary Sewage in Unsewered Areas" | Amended |
| Rules and Regulations for the Licensing of Convalescent or Nursing Homes | Amended |

Licensure Rules and Regulations for Hospitals
and Sanatoria

Amended

Hospital Survey and Construction

Approval was given to applications from the following medical care facilities for financial assistance from Federal funds allotted to the Commonwealth under the Hospital and Medical Facilities Survey and Construction Act. In some instances these represent additional grants given because of increased cost of construction as evidenced by bids received or because it was found on further investigation that the facility was eligible for additional funds as a percentage of its construction costs:

| | |
|---|------------|
| Franklin County Hospital, Greenfield | \$400,000. |
| Cambridge City Hospital, Cambridge | 400,000. |
| Melrose-Wakefield Hospital, Melrose | 344,000. |
| Boston City Hospital, Boston | 320,000. |
| University Hospital, Boston | 350,000. |
| Children's Hospital, Boston | 305,000. |
| Massachusetts General Hospital, Boston | 400,000. |
| Boston Lying-in Hospital, Boston | 195,060. |
| Jewish Memorial Hospital, Boston | 70,320. |
| Cardinal Cushing Hospital, Brockton | 450,000. |
| Brockton Hospital, Brockton | 450,000. |
| Union Hospital, Lynn | 68,255. |
| New England Deaconess Nursing Home, Concord | 199,200. |
| Wesson Memorial Hospital, Springfield | 450,000. |
| Ludlow Hospital, Ludlow | 319,361. |
| Leonard Morse Hospital, Natick | 374,000. |

The Federal funds allotted to the Commonwealth under the Hospital and Medical Facilities Survey and Construction Act are divided into various categories, one of which is Rehabilitation. The regulations controlling distribution of funds in the Rehabilitation Category are difficult to meet and, as a result, a sizable balance accrued over the years. During the year a request was received from the Rehabilitation Center in Bath, Maine for financial assistance. The transfer was agreed to by the Public Health Council, and, with the approval of the Governor, funds were transferred from the Commonwealth to assist the Rehabilitation Center of Bath, Maine.

Personnel

Although the appointment of Dr. Francis B. Carroll terminated on May 1, 1967, no new appointment was made by the Governor and Dr. Carroll continued to serve as a member of the Public Health Council. The membership of the Public Health Council on June 30, 1967, was as follows:

| | |
|---|-----------|
| Alfred L. Frechette, M.D., M.P.H., Chairman | |
| Francis B. Carroll, M.D., M.P.H. | 1964-1967 |
| Bernard B. Berger, B.S., M.S. | 1966-1968 |
| Ralph E. Sirianni | 1963-1969 |
| John H. Knowles, M.D. | 1964-1970 |
| Samuel Kovner | 1965-1971 |
| John P. Rattigan, M.D. | 1966-1972 |

Acceptance of Report

At a meeting of the Department on November 14, 1967, the Commissioner presented to the Council a report of the Department of Public Health for fiscal year 1967, and it was voted that the report, together with the foregoing brief summary of the activities of the Public Health Council, be approved and adopted as the report of the Department of Public Health for the fiscal year 1967.

FIFTY-THIRD ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

To the Public Health Council:

Gentlemen:

I have the honor to submit the fifty-third annual report of the Department of Public Health for the fiscal year ending June 30, 1967.

BUREAU OF ADMINISTRATION

The Commissioner, in addition to being the executive and administrative head of the Department, maintains continuing liaison with the Executive Department, the Legislature, the voluntary health agencies and local community health agencies. Regular monthly conferences were held with the Division Directors in order to keep fully informed of the various activities being carried on throughout the Department and to assist in formulating Department policies and programs. In the establishment of policy and in making formal and legal decisions of the Department, the Commissioner and the Public Health Council acted jointly.

Members of the Department staff have given considerable time and effort to planning for the twenty-second Assembly of the World Health Organization to be held in Boston in 1969 in conjunction with the Department's Centennial Celebration. In preparation for the Assembly, the Commissioner was appointed by President Johnson, on nomination by the Department of State, a delegate to the Twentieth Assembly held in Geneva, Switzerland in May 1967. At the suggestion of World Health Organization officials, several members of the staff and of the health and medical community also attended the Assembly. The so-called "Boston Group" met daily while in Geneva and appointments were scheduled with WHO staff, sessions of the Assembly (Plenary, Committee and Technical) were attended and all phases of planning for the Assembly investigated. Mr. Thomas Allsopp, Senior Vice President of the Prudential Insurance Company, was appointed by Governor Volpe to serve as chairman of the Massachusetts Committee for the Twenty-second World Health Assembly.

Also in connection with the Department's Centennial Celebration, an agreement between the Department and Clark University, Worcester, was initiated for the preparation of a One Hundred Year History of the Department of Public Health. Work on the manuscript is progressing and a number of conferences have been held by the researcher with members of the Department staff.

On September 6, 1966, Governor Volpe signed into law legislation establishing a Division of Water Pollution Control in the Department of Natural Resources. Since that time numerous meetings have been held with representatives of the two Departments, the Governor's Office, and the Executive Office for Administration and Finance in an effort to resolve many problems encountered by this transfer of responsibility, such as staffing and distribution of Federal monies for water pollution control.

In May 1967 the Department was awarded two sizable grants in the area of maternal and child health: through the Department of Health, Education and Welfare, Public Health Service, a 15-month grant in the amount of \$1.7 million to conduct a Maternal and Infant Care Project; and through the Department of Health, Education and Welfare, Children's Bureau, a grant in the amount of \$750,000 for a Children and Youth Project. The larger of the two, the Maternal and Infant Project, will provide over-all preventive health services and medical care to "high risk" patients (pregnant women and infants) in Charlestown, North Dorchester, Roxbury, South End, Jamaica Plain, and Brighton. The services will be provided through obstetrical, and where indicated, pediatric units at Boston City, Beth Israel, Boston Hospital for Women Lying-in Division, St. Margaret's and St. Elizabeth's Hospitals. The services, beginning with prenatal care for the mother, will be continued for the infant to age one year. The Children and Youth Project will function in the Brighton-Allston section and in portions of Jamaica Plain and Roxbury, with services being provided at Children's Hospital Medical Center and St. Elizabeth's Hospital. Infants born in the areas covered by the Children and Youth Project will be transferred from the Maternal and Infant Project and will be provided with preventive health services and medical care through age 21 years.

The Assistant to the Commissioner (Radiological Health) has coordinated the programs that are being carried out in the medical, dental, environmental, and milk and food fields of radiological health. The Assistant to the Commissioner (Radiological Health) was elected Chairman of the New England Radiological Health Committee, which is responsible for the coordination of the radiological health services in the Departments of Health of the six New England States. The New England Compact on Radiological Health has been signed into law in Maine, New Hampshire, Vermont and Rhode Island, and has been passed by the House of Representatives in Massachusetts. A New England Interstate Radiation Incident Plan is being drawn up by the Assistant. A Public Health Service supported research facility has been established at Pondville Hospital to study new radiation dosimetric tools as well as methods to reduce unnecessary exposure to ionizing radiation to the general public.

Lemuel Shattuck Award

The Lemuel Shattuck Award is presented annually by the Massachusetts Public Health Association for outstanding accomplishments in the field of public health. On March 30, 1967, the Commissioner of Public Health was presented this award for contributions to the betterment of public health practice in the New England area. The citation described Dr. Frechette as physician, public health administrator, teacher, citizen volunteer, elected official and leader who has served effectively, imaginatively, vigorously and enthusiastically, sharing willingly of his vision, skill and knowledge.

Boards and Commissions

Under various statutes the Commissioner of Public Health is ex officio a member of various boards and commissions, including the Health and Welfare Commission, Advisory Council on Home and Family, Commission

on Aging, Rehabilitation Commission, Advisory Council on Alcoholism, Milk Regulation Board, Water Resources Commission, New England Interstate Water Pollution Control Commission, Advisory Council on Hospital Surveys and Construction Planning, Approving Authority for Colleges and Medical Schools, Approving Authority for Schools for Training of X-ray Technicians, Interagency Council on Mental Retardation, Drug Addiction Rehabilitation Board, Urban and Industrial Renewal Advisory Council, Weather Amendment Board, Pesticide Board, Board Regulating Installation of Gas Piping and Gas Appliances in Buildings, Board of Trustees of the University of Massachusetts, Board of Rate Setting for Convalescent or Nursing Homes and Rest Homes, and Special Legislative Commissions as established.

The Commissioner personally attended as many meetings as possible and designated appropriate staff members to attend others, so that the Department was represented at all meetings of these boards and commissions.

Medical Panels

General Laws, Chapter 32, Section 6, authorizes the Commissioner of Public Health to appoint chairmen of medical panels to review applications from and examine State and municipal employees applying for disability retirement. The chairman of each panel, insofar as is possible, must be a physician skilled in the particular branch of medicine or surgery upon which the application for disability retirement is based. The other two members of the panel are selected by the applicant and the local retirement authority.

New applications for disability retirement during fiscal year 1967 numbered 595. Because of inability of one or more panel members to fulfill their obligation, 75 of these applications had to be processed twice, 17 were processed three times, four were processed four times, five were processed five times, five were processed six times, and one was processed a total of nine times before a medical panel was obtained.

Under General Laws, Chapter 32, Section 89, widows of firefighters, police officers and certain other employees whose work involves considerable risk may apply for an annuity. In such cases the Department designates the third member of a board appointed to determine whether or not the death of said employee was the result of an injury received in the performance of his duty. Annually about fifty such applications are received and processed.

Rating Board

The State Police Retirement Board, under General Laws, Chapter 32, Section 26, interviewed five officers who had applied for retirement because of injury received in line of duty. After examination of the applicants and review of their records, the Board recommended approval of all applications. One of the applications had been considered in July 1966 and disapproved. In September of 1966 the case was reconsidered and approved.

Drug Addiction Rehabilitation Board

The Board was created by statute to establish a program for the treatment and rehabilitation of drug addicts, to coordinate the services and activities of agencies of the Commonwealth and its political subdivisions in the treatment and rehabilitation of drug addicts, and to cooperate with agencies of the Federal Government in developing and coordinating such programs.

The treatment program currently consists of three units: 1) a detoxification ward, night hospital ward, and out-patient clinic at Boston State Hospital; 2) a detoxification ward, dormitory, and out-patient clinic at Massachusetts Correctional Institution at Bridgewater; and 3) a full-time out-patient service located at 20 Whittier Street, Roxbury, conducted by the City of Boston Department of Health and Hospitals.

During the year another ward was opened at Boston State Hospital, adding eight beds and expanding office and out-patient facilities and interviewing rooms.

The out-patient service in Roxbury opened in September, with a staff of a psychiatrist as clinical director half time, a full-time social worker, a secretary, a clinical attendant, and a Commonwealth Service Corps volunteer. The unit at Bridgewater opened in January of 1967, structured to handle male addicts needing a long period of in-patient treatment. The research section expanded its activities to include these two new units.

It is the philosophy of the Board that the general public should be educated to the dangers of drug addiction and abuse. In implementing this philosophy, speakers have appeared at high schools, colleges, medical schools and hospitals. Many requests have been received from professional bodies, asking for seminars and institutes on the treatment and rehabilitation of drug addicts. A number of local colleges have requested the Board's assistance in structuring day-long institutes on the hazards of using narcotics, dangerous drugs and hallucinogens. Training seminars have been requested for other professional disciplines and for correctional groups. Community action organizations and civic groups have also contacted the Board about presenting local programs on drug addiction and abuse. There seems to be a decreasing hesitancy on the part of communities to admit that they have a drug addiction problem.

Research effort has two broad goals: 1) to obtain information of both a statistical and a substantive nature on the drug problem that will be useful to the Board in its administrative and clinical planning; and 2) to carry on long-term research that will increase knowledge of the problem and contribute to the functioning of the treatment facilities. Studies are being carried out in several areas, including a continuing survey of drug dependence and abuse in the State, a study of the patients and the treatment process at the Boston State Hospital unit, the initiation of both extensive and intensive research on patients treated at the Whittier Street clinic, and the introduction of preliminary stages of data collection at the Bridgewater unit.

At the Whittier Street clinic, patients entering treatment are administered a series of standardized psychological tests, from which a profile of each patient can be developed for comparisons with other groups. Two other dimensions are explored in depth, the sociological and the psychodynamic, in an attempt to isolate the more important variables and determine the nexus between them. Drug dependence and abuse are becoming widespread at several socio-economic levels and it is important to understand the relationship between the social context in which the drug abuse takes place and the psychological processes involved in the individual illness.

At the Bridgewater unit, the treatment program consists of weekly group therapy meetings, individual counseling, and the development of good working habits. High on the priority list for the future is the development of education courses for addicts who have not obtained a full high school education. Close contact with the families of the addicts has been instituted, with regular visits encouraged and advice and consultation given by the social worker to ready the family for the return of the addict.

The Boston State Hospital unit has clarified its goals of treatment. Each patient is assessed with two questions in mind, how far can the patient be educated toward acquiring useful work skills and using them constructively in the community, and how much support does he need in maintaining sobriety and controlling his need for dangerous and illegal drugs. Most patients show improvement in terms of social behavior but need continual medical and psychiatric care to control their illegal drug use. One of the most promising programs has revolved around the rehabilitation of a number of addicted parolees. The encouraging successes have depended on the close cooperation between the unit staff, parole officers and work counselors. The staff continues to participate in conferences and educational programs sponsored by schools, churches and other organizations on State and community levels. The unit participated in a national conference to standardize a record-keeping system for drug addiction treatment centers throughout the country.

Health Statistics

The Legislature in 1964 transferred certain duties relative to vital statistics from the Secretary of the Commonwealth to the Commissioner of Public Health for administrative and research purposes connected with health programs and population studies. During the past fiscal year, the first report was published under the auspices of the State Department of Public Health. The statistics represented the output of a computer program including the capability of providing information on deaths due to any specific cause or causes of death, and tabular presentations delineating total deaths by age group, sex, color, and marital status. In addition, tabulations based on births, deaths, fetal deaths, marriages and divorces, with a primary emphasis upon resident data, were compiled for epidemiologic, demographic, and historical purposes.

Following publication of this document, additional modifications further expanding the flexibility and informational output capability of the system were developed to produce: detailed classification of fetal deaths by cause, sex, and color; resident live births and fetal deaths by

age and color of the mother; live births and fetal deaths by residence, color, and sex; resident immature live births and fetal deaths by age and color of the mother; resident live births by age, color, and marital status of mother; and resident live births by age of mother and weight of infant.

In addition, the Health Statistics Unit now routinely provides reports and/or copies of records to services within the Health Department; Harvard School of Public Health; Massachusetts Perinatal Mortality Study; Rescue, Inc.; and other State agencies for planning, development and research purposes.

Massachusetts Committee on Children and Youth

The committee is composed of one hundred and eighty Massachusetts citizens who, as professionals or laymen, have distinguished themselves by their interest and action in behalf of children, young people and their families; and, as members of the committee, continue to do so. Research, education and consultation services are available to legislators, public and private agencies, groups of citizens, and communities which want to raise the level of direct services for children and youth through the improvement and coordination of existing programs or the establishment of new ones.

A detailed, but preliminary plan, for a Regional Board of Health in Central Berkshire County (Pittsfield and fifteen surrounding towns) and a tentative staffing pattern and budget for providing services have been developed. A survey of health services for children and youth in New Bedford, Fairhaven, Acushnet, Freetown and Dartmouth is underway.

A thorough review of the program of the Division of Maternal and Child Health and its Services for Crippled Children has been completed and transmitted. Assistance has also been given to the Department on the Medicaid Program, including formal agreements with the Department of Public Welfare.

All bills relating to health services and medical care filed in the General Court and in the Congress have been reviewed and written analyses and comments prepared on many. The bill for the re-organization of the public welfare system was supported, as was the bill for re-organization of the Youth Service Board and the Division of Youth Service.

A Day Care Conference on "What Opportunities Does Your Community Provide for Children?" was held in Worcester, at which copies of the report on "Day Care for Children in Massachusetts" were distributed.

An Ad Hoc Committee on problems in adoption practice has identified the major issues and problems confronting adoption agencies and has formulated concrete recommendations for basic changes. The final report will be submitted to the Executive Board for action.

A detailed plan for the administration and program of the community service center proposed in the public welfare legislation is being prepared.

The study of child welfare needs and services in Metropolitan Boston has been completed and published, with over a thousand copies already distributed.

Several efforts now underway will call for continuing major effort in the coming year. Among these may be: continued study and development of maternal and child health and medical care needs and services; implementation of expected re-organization of the public welfare system; implementation of proposals for the re-organization of the Youth Service Board; support for Civil Service reform; publication of reports of the Local Area Project, the Family Interviewing Project, and the Springfield study of social aspects of urban renewal; preparation for the 1970 White House Conference on Children and Youth.

Massachusetts Health Research Institute, Inc.

The Massachusetts Health Research Institute, incorporated on May 21, 1959, was organized in part to conduct studies, research and demonstrations in the various fields of public health and medicine in keeping with the purposes and policies of the Department of Public Health and local health agencies engaged in health research within the Commonwealth. During the period July 1, 1966 and June 30, 1967, the Institute accepted 35 grants and six contracts for a total funding of \$1,159,714. as compared to 26 grants and seven contracts totaling \$879,886. for the period July 1, 1965 and June 30, 1966. A total of 21 grants and one contract totaling \$414,343. was completed during the period July 1, 1966 and June 30, 1967.

During the past year, the Institute accepted the research project entitled "A State Health Department Chronic Dialysis Unit," the over-all purpose of which is to establish a chronic renal dialysis center whose primary purpose will be to form a bridge between the experimental approach to dialysis and the delivery of the treatment to large numbers of patients with irreversible kidney disease. The unit will be operated in the Lemuel Shattuck Hospital, Massachusetts Department of Public Health.

The project entitled "Public Health and Medical Consultation to Project Headstart Health Program in Local Communities" was also accepted by the Institute, its objective being to provide means by which communities can design the medical component of Project Headstart in such a way that a) medical care of high quality is assured to children enrolled in Project Headstart; b) medical care rendered to children will have an impact on access to health services by other members of the family; c) the total community with its health resources becomes aware of the health problems of the poor and committed over a long time to developing resources to meet unmet needs.

Training Center for Comprehensive Care

The Training Center for Comprehensive Care, sponsored by the Public Health Service, was established to promote better out-of-hospital care for long-term patients. At the suggestion of the Public Health Service, it has now placed its primary emphasis on training in the field

of medical care administration, with secondary focus on the up-dating of basic skills for health practitioners.

Thirteen different programs have been offered this year, including workshops for physicians, nurses, health administrators, dietitians and home health aides. A survey is being made of health training in Massachusetts at less than the baccalaureate level. As an outgrowth of the physician training program, the Center has received a grant to develop an Out-patient Center which will offer consultative services to physicians and allied health personnel in the community.

In the future the Center plans to offer training programs in Medical Care Administration and Organization in such areas as home care, out-patient services, consultation, and the role of the team in the care of the patient in the community. The Home Health Aide training program will continue and a core curriculum will be developed for the training of entry-level health workers in dealing with patients in hospitals, nursing homes or at home. A training program is also planned for patients' families in an effort to make easier the transition of the patient from hospital to home.

Division of Health Education

The legislative accomplishments of the past few years on Federal and State levels have precipitated and encapsulated in time major changes in public health programming. Medicare, Medicaid, comprehensive health planning, anti-poverty projects, all have contributed to a major revolution in planning and action. Inherent in these, as well as in other major programs, such as air and water pollution control, is the ability to communicate with professional and consumer audiences and to win acceptance and support through educational methods and techniques. The Division of Health Education is a service unit staffed by technical and professional specialists who provide assistance for departmental communication on all levels and with all audiences.

The health educators assigned to regional offices were involved in a wide range of program activities. Day care agency licensing, vaccination assistance, migrant health and interagency smoking councils were covered by all. In addition, specific regional activities involved the educators in Head Start program evaluation, closed-circuit television programming, local screening clinics for glaucoma detection and comprehensive health planning for a local metropolitan area. The advisor assigned to the central office was chiefly involved as liaison with the State Interagency Council for Smoking and in providing assistance to specialized programs conducted by the Division of Adult Health. One such program was the promotion of the new training school for cytotechnologists opened in Boston through the cooperative efforts of the Department and several hospitals, with funding from the Public Health Service.

The Division of Hospital Facilities of the Public Health Service loaned a health educator to the Rutland Heights Hospital to explore, demonstrate and evaluate the role of such a professional within a rehabilitative unit. This program will function for at least one year and

in the six months of its existence has already given proof of its value.

The Director was involved in many program activities with special emphasis on coordination and cooperation with other public health agencies in the State. Included were membership on the Boards of Directors of the Massachusetts Health Council, the Planned Parenthood League of Massachusetts, and the Greater Boston Chapter of the Massachusetts Heart Association and membership on the legislative committee of the Massachusetts Public Health Association.

Planning for the 22d Assembly of the World Health Organization, scheduled for Boston in 1969, was intensified. The Director was one of a group attending the Assembly in Geneva in May in order to observe activities and to work out the many details which will be required by this highly technical and important international meeting.

In the field of public relations, newspaper features and news stories were released and radio and television programs arranged. Additional features resulted from contacts by newspaper or television staff requesting specific information or news.

The monthly feature article on health - "Your State of Health" - was released to weekly papers throughout the State and continued to receive wide publication. Many of the articles were also used by one of the leading Massachusetts medical journals, which is circulated exclusively to physicians.

"This Week in Public Health" was published weekly and the Department column in the New England Journal of Medicine was continued.

Many printed items for internal and public distribution were prepared by the production service, which operated at maximum capacity.

During the year, the Director was invited to be a member of an advisory council brought together to assist planning for implementation of the Library Services and Construction Act as it affects the various general and specialized libraries in the State. A study of the present situation by Arthur D. Little, Inc. is not yet complete but it is intended to request a complete survey, evaluation and recommendations from the Library Extension Bureau of the State Department of Education. When this is done, it will be possible to formulate specific annual goals for the library.

All new publications issued by the Department were processed through the art unit, which designs format, illustrates by drawings or photographs, and readies composed text for the camera. Exhibits were designed and/or built for major meetings. One such exhibit concerned with the incentive therapy program at Rutland Heights Hospital won a blue ribbon award at the American Hospital Annual Meeting.

During the year, the unit conducted workshops and lectures in communications, education techniques and the development of visual and training-aid materials. A grant proposal was prepared for the Massachu-

setts Hospital School for a twelve-week workshop in television teaching techniques for the school's instructors. The proposal was approved by the United States Department of Health, Education, and Welfare and the workshop started in the Spring, using instructors and professors from the Boston University Schools of Communication and Education.

For the Division of Dental Health, efforts have been concentrated on lectures and workshops for dental assistants, dental hygienists and postgraduate dentists. Overhead projectuals and other supporting visual materials are being developed to be used with a teaching guide being prepared for dental-assistant instruction. It is hoped that this will be used to standardize curricula throughout the Commonwealth.

The film library continued to serve professional training schools and colleges, as well as organizations. As one of the few free sources of films, it is frequently called on by institutions operating on a limited budget.

Consultation was provided on audio-visual equipment and techniques to departmental units and other health agencies. Assistance is given in evaluating and selecting the best type of equipment for a specific purpose. This particular service is very helpful to administrators and agencies who would otherwise have no impartial opinion to guide major expenditures for equipment.

The Comprehensive Health Planning Act will enable this Division, along with all the others, to project goals which will be compatible with the over-all health programming developed for the State.

Division of Medical Care

In October 1966 the Public Health Council approved the establishment of a Division of Medical Care, in the office of the Commissioner, with functions relating to the medical care activities of the Department. Responsibilities include coordination of operating activities, program planning and evaluation, consultation and advisory services, assisting with appropriate in-service training and other educational activities, and planning and stimulating research studies related to medical care.

Major activities were focused on the extension and improvement of existing medical care services and programs and the development of new programs, particularly those related to recent Federal health legislation.

The Governor assigned responsibility to the Department for "establishing and maintaining standards for public and private institutions in which recipients of medical assistance...may receive care or services" and for working with the Department of Public Welfare to "develop....a definition of the primary roles of their respective departments under Title XIX, develop methods of cooperating in the fulfillment of joint functions, and provide for the allocation between them of functions incidental to the fulfillment of these roles...."

The Division participated in negotiations with the Department of Public Welfare which resulted in a cooperative agreement by the two agencies. The Department will establish standards for health care and services, including provision of a list of items of standards of health care and services to be included in the Medical Care Plan of the Welfare Department. The Division has prepared a working draft of a manual of standards and is revising it for approval.

The Department is also to cooperate in developing a fee structure for items of medical care and the Division continues to work with the Welfare Department, the Massachusetts Medical Society, the Dental Society and other professional groups and providers of service in negotiating proper and equitable fees. The Division has also stimulated work on the development of an inventory of health and medical care services in the State.

The Division has coordinated the activities of other Divisions with agencies seeking certification under Medicare, prepared budget recommendations, and served as the liaison with the Social Security Administration. The Division also worked with other Divisions in developing and planning for additional needed services, solving related administrative problems and evaluating effectiveness and progress.

The Division completed and submitted to the Children's Bureau a proposal for a Maternity and Infant Care Project for the City of Boston designed to provide comprehensive maternity care for low-income, high-risk mothers and pediatric care for their infants. The proposal has been funded by the Children's Bureau for fifteen months. The Division has worked with the five participating university hospitals (Beth Israel, Boston City, Boston Hospital for Women Lying-in Division, St. Elizabeth's and St. Margaret's), the Boston Department of Health and Hospitals, the Boston Visiting Nurse Association and other agencies in organizing the program, recruiting personnel, establishing neighborhood clinics, and formulating standards of care and administrative and fiscal procedures.

The Division has worked with the Children's Hospital Medical Center and St. Elizabeth's Hospital on the development of a proposal for a Children and Youth Project. The proposal was submitted to the Children's Bureau as two units and both have been approved and funded. The Division will exercise the Department's responsibility for organizing, supervising and administering both of these units and coordinating the services provided with existing related programs, including the Boston Maternity and Infant Care Project.

The Division has been assisting in the plans for the World Health Assembly to be held in Boston in 1969 and has submitted a suggestion for the subject of technical discussions to be held. The suggestion has been accepted and the Division staff continue in discussion with World Health Organization staff regarding development of the subject - "The Application of Evolving Technology to Meet the Health Needs of People."

In the future the Division will continue to develop a family health advisory program, an intensified and on-going in-service health

training program for the Department of Public Welfare staff and for local welfare workers, completion of a standards manual, development of working relationships between the Department's medical care programs and the Welfare Department's medical assistance programs.

Continuing assistance will be provided to other Divisions in developmental programs on utilization review committees, certification of home health agencies and increased utilization of their services, in-service training programs for Department staff and for administrators of institutions providing services, and criteria to help assign patients to appropriate sources of care.

The establishment of ambulatory clinic facilities by equipping and staffing proposed neighborhood clinics will occupy administrative staff of the Division next year. Attention will be given to the development of additional Children and Youth projects in geographic areas covered by the Boston Maternity Project which do not have provisions for improved care of the babies. The Division will also assist in developing similar projects in other areas of the Commonwealth.

Continuing assistance will be given, as required, to the Secretariat of the World Health Organization.

Division of Public Health Research, Development, and Professional Training

The purposes of this Division are broadly two-fold: 1) to stimulate and promote and at times to initiate research and development within the Department and in other health agencies throughout the Commonwealth; 2) to coordinate, administer or conduct the various training and professional education activities of the Department.

The two-year Residency Training Program for Physicians in Public Health is approved by the Council on Medical Education of the American Medical Association, the American Board of Preventive Medicine, and the Residency Review Committee for Preventive Medicine. This program is offered as partial fulfillment of the requirements for diplomate status in the American Board of Preventive Medicine.

The Apprenticeship Training Program for First and Second Year Medical and Dental Students provides an orientation and introduction to Public Health and to Community or Social Dentistry during the three summer months. The program is supported by a Public Health Service grant. These Public Health Service Internships provide an introduction to or an overview of potential careers in public health.

Through the College Work Study Program of the Commonwealth Service Corps, arrangements were made for the placement of college students within the Department for summer employment and supervised on-the-job training.

A Medical Writing Course for Public Health Nurses was conducted by five educational consultants. A Clerical Training Course and a Supervisory Training Course were held as in-service training for Departmental personnel. They were sponsored by another State agency but

this Division played a recruiting, coordinating and contributory role. Arrangements were made for academic courses, including arrangements for stipends or for academic leave with or without pay, and for other short professional education courses for Departmental personnel.

A few years ago, this Division became active in attempts to develop an interest in and to plan for the procurement and proper utilization of a computer for bio-medical communications in the related areas of Public Health, Mental Health, and Welfare, and to include the needs of the Department of Education. The Division has continued to coordinate developmental efforts along these lines with the Executive Office for Administration and Finance.

Achievement of the developmental goal of a State-wide multi-channel closed-circuit television system has been delayed by the postponement of construction of the Health, Education, and Welfare Building of the Government Center. The tower of this building is to house the studios and one set of four transmitters for the four-channel system. Reception points for the four proposed State-wide 2500 megacycle channels would be: Channel 1 -- all public health activities of the State, including divisions, sections, institutions, and district health offices of the Department; many local health departments; and the School of Public Health; Channel 2 -- all hospitals and clinics and many physicians' offices, medical schools, dental schools and schools of nursing and of other paramedical professions; Channel 3 -- all divisions, sections, hospitals, and mental health clinics and institutions for the retarded, of the Department of Mental Health; offices of psychiatrists and psychologists, and private mental hospitals; Channel 4 -- Department of Education, vocational schools, State colleges, University of Massachusetts.

During the year the Division has cooperated with the New England Postgraduate Institute in its desire to achieve the Channel 2 described above, which, it is hoped, will be administered by the Commissioner of Public Health along with Public Health Channel 1.

During the year the Division has actively cooperated with the Massachusetts Executive Committee for Educational Television in the procurement of an "Engineering Report Concerning the Development of Designs for a State-wide Educational Television System."

Future plans are: to continue and expand the present activities of the Division; to develop trained personnel in the field of electronic data processing; to continue professional education regarding the potential of computer use for epidemiology, program evaluation, and the ongoing programs of the Department; and to continue to seek and develop methods for provision of a multi-channel State-wide television complex for bio-medical communications and education.

Regulations

The following rules and regulations have been promulgated by the Department and are still in effect:

Distribution of biologic products

Adopted 4/9/35; amended 5/14/40; 1/11/49; 12/15/53

Sale of surplus biologic products

Adopted 4/12/49; amended 4/15/53

Use of blood or other tissues for purposes of transfusion

Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/48; 3/11/52; 6/12/56; 7/10/62; 1/12/65

Cancer clinic and service unit values

Adopted 8/12/26; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 11/1/43; 12/14/43; 4/11/44; 1/14/47; 10/18/55

Diseases dangerous to public health

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Diseases declared to be dangerous to the public health and reportable

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/8/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Isolation and quarantine requirements of diseases declared to be dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48; 8/12/52; 8/11/64

Conveyance of bodies dead of diseases dangerous to public health

Adopted 7/12/38; amended 8/9/38; 2/14/39

Funerals of persons dead of any disease dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44

Procurement of impounded animals from animal pounds for purpose of scientific investigation, experiment or instruction, or for the testing of drugs or medicines

Adopted 12/10/57

Treatment of persons exposed to rabies

Adopted 8/10/37; amended 5/13/41

Approval of bacteriological and serological laboratories

Adopted 9/12/39

Manufacture and bottling of carbonated non-alcoholic beverages, soda water, mineral and spring water

Adopted 11/12/35; amended 4/7/36

Uncarbonated fruit beverages

Adopted 5/8/56; amended 3/8/66; 5/9/67

Slaughtering and meat inspection

Adopted 7/9/31; amended 12/10/35; 9/14/43

Poultry slaughterhouses

Adopted 9/14/43; amended 8/6/46

Approval of contracts for the production and distribution of certified milk

Adopted 7/14/36; amended 10/14/36

Frozen desserts and ice cream mix

Adopted 9/11/34; amended 5/8/56; 6/9/59; 12/8/59

Bakeries and bakery products

Adopted 2/14/33; amended 1/10/50

Definition of "pasteurized milk"

Adopted 7/8/41; amended 11/4/41; 6/15/50

Establishments for pasteurization of milk

Adopted 2/12/35; amended 6/15/50; 10/20/53; 6/12/56

Addition of vitamins and minerals to milk, nonfat milk, skimmed milk, fortified nonfat milk, and fortified skimmed milk

Adopted 2/13/62

Standards and definitions of purity and quality of food

Adopted 2/9/37; amended 5/8/56; 11/10/64

Dietetic foods

Adopted 5/12/53

Orange juice drink and reconstituted orange juice drink

Adopted 11/10/59; amended 3/8/66; 5/9/67

Cacao products

Adopted 8/13/57

Licensing of hospitals and sanatoria

Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50; 1/12/65 ; 11/8/66

Licensing of rest homes

Adopted 11/3/48; amended 12/3/57

Licensing of convalescent and nursing homes

Adopted 11/3/48; amended 12/3/57; 11/8/60; 6/9/64; 8/10/65; 6/14/66

Dispensary license

Adopted 1/12/19; amended 5/13/19; 5/10/38; 6/9/64; 12/14/65; 12/13/66

For preventing the pollution and securing the sanitary protection of certain waters used as sources of public water supply

Adopted 10/11/60

Cross connections between public water supplies and fire and industrial water supplies

Adopted 2/9/37; amended 5/12/42; 10/9/51

To prevent pollution or contamination of any or all of the lakes, ponds, streams, tidal waters and flats within the Commonwealth or of the tributaries of such tidal waters and flats

Adopted 8/14/45; amended 10/14/45

Supervision of plumbing

Adopted 6/11/35; amended 8/6/40; 1/10/50; 5/8/56

Operation of plants for the purification of shellfish

Adopted 6/5/28; amended 10/7/41

Enrichment of flour, white bread and rolls

Adopted 11/3/48

Establishing grades of milk

Adopted 5/8/35; amended 11/17/48; 6/12/56

Egg nog

Adopted 6/12/56

Flavored milk

Adopted 6/12/56

Fortified nonfat milk, half and half, standardized milk

Adopted 7/10/56

Cottage cheese

Adopted 7/10/56

Mayonnaise, mayonnaise dressing, mayonnaise salad dressing, salad dressing, french dressing

Adopted 7/10/56

Fruit butter, fruit jelly, preserves and jams

Adopted 7/10/56

Sale of rabbits intended for food purposes

Adopted 5/14/29

Manufacture and labelling of articles of bedding and upholstered furniture

Adopted 11/12/35

Cold storage

Adopted 10/10/33

Dental clinic license

Adopted 8/10/43; amended 6/9/64

Standards for tuberculosis hospitals and sanatoria

Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/33; 5/10/38; 10/21/48

Police station houses, lock-ups, houses of detention, jails, houses of correction, prisons and reformatories

Adopted 1910; amended 4/8/30; 6/15/48

Subsidy for the hospitalization of the tuberculous

Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34

Minimum requirements for tuberculosis dispensaries are defined by Department of Public Health

Adopted 4/6/15; amended 7/11/16; 11/7/19; 7/14/25; 4/11/33

Active tuberculosis and methods of determining it in certifications made by boards of health and physicians

Adopted 12/11/56

Responsibility of superintendent or director of a tuberculosis hospital

Adopted 5/14/57

Hospitalization of patients with chronic rheumatism

Adopted 5/8/45

Reporting and control of venereal diseases

Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19; 11/12/23; 10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38; 4/11/44; 11/3/48

Treatment of persons suffering from venereal diseases who are unable to pay for private medical care

Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/6/40; 4/13/48; 11/3/48

Issuance of premarital medical certificates

Adopted 4/11/50

Physical examination of school children

Adopted 3/11/52; amended 8/25/53; 3/9/54; 2/14/56

Plastic bags and plastic film

Adopted 4/12/60

Disposal of containers of poisonous substances

Adopted 4/12/60

Administration and dispensing of harmful drugs

Adopted 2/14/61

Standards of identity and purity for Chlortetracycline to be used in the manufacture of Chlortetracycline Ice

Approved 11/10/59 and 12/8/59

Labelling of receptacles containing Benzol (Benzene), Carbon Tetrachloride and other harmful substances (approved jointly with Department of Labor and Industries)

Adopted 6/12/56

Sanitary Code, Article I, "General Application and Administration"
Adopted 9/15/60

Sanitary Code, Article II, "Minimum Standards of Fitness for Human Habitation"
Adopted 9/15/60; revised 12/12/61

Sanitary Code, Article III, "Housing and Sanitation Standards for Farm Labor Camps"
Adopted 10/11/60

Sanitary Code, Article IV, "Sanitation Standards for Recreational Camps for Children"
Adopted 11/7/61; amended 5/14/63

Sanitary Code, Article XI, "Minimum Requirements for the Disposal of Sanitary Sewage"
Adopted 1/9/62; revised 5/15/62; 4/12/66

To prevent pollution or undue contamination of the atmosphere within the Metropolitan Air Pollution Control District
Adopted 7/11/61

To control the radiation hazards of radioactive materials and of machines which emit ionizing radiation
Adopted 2/13/62

Bedding, upholstered furniture and related products
Adopted 5/15/62; amended 9/12/63; 9/13/66; 5/9/67

Regulations relative to storage and distribution of frozen foods
Promulgated by Director of Food and Drugs, effective 8/1/60; amended 11/10/64

Regulations promulgated by Director of Marine Fisheries
Approved for sanitary requirements 4/13/42; 12/10/57

Regulations promulgated by the Director of Marine Fisheries relative to permits and certificates issued for the sanitary control of the shellfish industry, and relative to the sanitary condition of scallop operations
Approved 7/11/61; 9/19/61

Standards of admission, treatment, transfer and discharge of tuberculosis patients
Adopted 2/12/63

Hospital or sanatorium treatment standards for tuberculosis
Adopted 2/12/63

Sanitary Code, Article VIII, "Minimum Standards for Developed Family Type Camp Grounds"
Adopted 5/14/63

Regulations relative to devices
Adopted 4/9/63

Regulations for day care services for children

Adopted 12/10/63

Regulations relative to the identity, manufacture and sale of frozen dietary dairy desserts

Adopted 1/14/64

Sanitary Code, Article VI, "Minimum Standards for Swimming Pools"

Adopted 4/14/64

Sanitary Code, Article X, "Minimum Sanitation Standards for Food Service Establishments"

Adopted 1/1/65

Regulations relative to fish and fish products

Adopted 4/12/66

Standard of identity for baked beans

Adopted 11/9/65

Regulations governing transparent and semi-transparent wrappers and coverings

Adopted 11/9/65

Regulation relative to Care of Prematurely Born Infants

Adopted 11/8/66

Legislation

The following legislation of particular interest to public health was passed by the 1966 Legislature and enacted into law:

Acts of 1966 (July 1, 1966 - September 6, 1966 and December 5-28, 1966)

- 420 - An act making the Director of Civil Defense a member of the Advisory Council on Radiation Protection.
- 431 - An act providing for an increased allowance for earnings of a person pensioned or retired for disability.
- 439 - An act increasing the scope of the study by the Metropolitan District Commission of the diversion of excess water from Millers River into Quabbin Reservoir, and extending the time within which said Commission shall complete its study and file its report.
- 458 - An act providing for deductions from wages or salaries of State or County employees for certain payments to credit unions.
- 469 - An act authorizing the Commonwealth, the political subdivisions thereof, and water companies to acquire or sell emergency sources of water supply throughout the year nineteen hundred and sixty-six.
- 478 - An act directing the Metropolitan District Commission to construct a relief sewer in the City of Malden.
- 479 - An act authorizing the City of Peabody to borrow money for sewerage, sewerage treatment and sewerage disposal purposes.
- 486 - An act authorizing the towns of Mattapoisett and Marion to enter into agreements concerning the supply of water to each other.
- 489 - An act authorizing the Commissioner of Public Health to dispose of the Rutland Hospital property.
- 495 - An act relative to services for mothers bearing children out of wedlock.
- 501 - An act providing for the establishment of community clinical nursery schools for retarded children of preschool age, requiring cities and towns to pay the cost of transporting to such schools and providing that the State reimburse cities and towns for one half of the cost.
- 509 - An act providing that the time during which reserve or permanent-intermittent police officers or fire fighters or call fire fighters are on their respective lists shall count as full-time service under the contributory retirement system.
- 510 - An act extending the boundaries of the Dracut Water Supply District.
- 521 - An act requiring that certain wholesalers of stuffed toys be licensed.
- 527 - An act relative to the age of an applicant for limited registration as an assistant in medicine.

- 535 - An act abolishing the Division of the Blind in the Department of Education and establishing in place thereof a Commission for the Blind, and transferring to said Commission all powers, duties and functions formerly exercised by said Division of the Blind.
- 552 - An act authorizing the Department of Public Health to make certain rules and regulations relative to ambulances.
- 556 - An act clarifying the State Retirement Law with regard to the disposition of the account of a deceased member.
- 557 - An act exempting from the income tax law the income from an annuity, pension, endowment or retirement fund of any other State government.
- 572 - An act authorizing the Department of Public Health to sell steam and chilled water to the proposed Northeast Water Pollution Control Laboratory of the Federal Government.
- 578 - An act reducing the time before compensation shall begin to be paid under the Workmen's Compensation Act.
- 583 - An act exempting certain physicians and nurses from civil liability in carrying out public health programs.
- 584 - An act increasing the payments under the Workmen's Compensation Act for specific injuries.
- 585 - An act exempting absolute alcohol for scientific and certain other purposes from taxation regardless of size of container in which it is sold.
- 590 - An act to provide for a capital outlay program for the Commonwealth.
- 591 - An act authorizing superintendents of hospitals in the Department of Public Health to establish programs for training of residents in medical specialties, and to grant fellowships to said residents.
- 599 - An act providing for the temporary registration of certain nurses to practice nursing.
- 600 - An act to correct an existing inequity relative to the computation of retirement allowances of certain employees.
- 603 - An act authorizing the trustees of the University of Massachusetts to purchase and renovate certain property in the City of Boston.
- 614 - An act defining the term "Charitable Home for the Aged" and providing for the licensing and regulation of such homes.
- 622 - An act providing for membership in a retirement system of certain employees whose salaries are derived from Federal grants made to the Commonwealth or to any political subdivision thereof.
- 624 - An act establishing the Advisory Council on Home and Family.

- 635 - An act relative to the salaries of certain officers and employees of the Commonwealth.
- 640 - An act providing for the assessment of cities and towns for patients sent to the Bristol County Hospital and Nursing Home for the Aging.
- 647 - An act providing for the instruction and training of children with certain learning impairments, and reimbursing cities, towns and school districts for expenses incurred in connection therewith.
- 649 - An act increasing the amount of money authorized for the construction of a State Health, Welfare and Education Service Center.
- 661 - An act providing for cost-of-living increases in pensions, retirement allowances and annuities payable to certain retired employees of the Commonwealth and its political subdivisions.
- 671 - An act extending the dates of termination of certain acts relating to the rights and privileges of veterans.
- 676 - An act establishing a Designer Selection Board in the Executive Office for Administration and Finance.
- 679 - An act increasing the Minimum Fair Wage Rates.
- 685 - An act establishing a Water Pollution Control District in the Department of Natural Resources.
- 687 - An act providing for an accelerated water pollution control program.
- 700 - An act relative to the exemption from taxation of certain property used for the abatement or prevention of water pollution.
- 709 - An act in addition to the General Appropriation Act making appropriations to supplement certain items contained therein, and for certain new activities and projects.
- 713 - An act providing for the appointment of a hearings officer in the Department of Public Health to hear certain matters relating to convalescent or nursing homes, rest homes or charitable homes for the aged, and for other purposes.
- 735 - An act establishing a comprehensive program of mental health and mental retardation services.

Resolves of 1966 (July 1, 1966 - September 6, 1966 and December 5-28, 1966)

- 48 - Resolve providing for an investigation and study by a special commission of the laws of the Commonwealth regulating the manufacture, transportation, storage and sale of alcoholic beverages.
- 49 - Resolve providing for an investigation and study by a special commission relative to the existing state laws and programs affecting persons afflicted with chronic diseases.

- 53 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the feasibility of establishing a public authority to alleviate the problems of solid waste disposal and all matters relative thereto.
- 57 - Resolve increasing the scope of the special commission established to make an investigation and study of the problems of air pollution, noises and other menaces to public health and safety affecting the area surrounding the General Edward Lawrence Logan International Airport.
- 65 - Resolve continuing the investigation and study by the Water Resources Commission relative to water resources in the towns of Braintree and Randolph and the surrounding area.
- 66 - Resolve providing for an investigation and study by a special commission of the condition of dental health, especially among children, and of appropriate measures toward eliminating dental decay, including the fluoridation of all community water supplies.
- 80 - Resolve providing for an investigation and study by a special commission relative to requiring a preference in the purchase of supplies and materials for the Commonwealth in favor of supplies and materials manufactured within the United States.
- 83 - Resolve providing for an investigation and study by the Advisory Council on Education relative to education facilities within the Commonwealth and certain other related matters.
- 84 - Resolve further increasing the membership and scope of the special commission established to make an investigation and study relative to retarded children and the training facilities available therefor.
- 91 - Resolve increasing the scope of the special commission established to make an investigation and study of the laws of the Commonwealth regulating the manufacture, transportation, storage and sale of alcoholic beverages.
- 102 - Resolve providing for an investigation and study by the Department of Public Health, the Department of Commerce and Development, the Metropolitan District Commission, and the Central Massachusetts Regional Planning District relative to the collection and disposal of sewage in certain municipalities in the County of Worcester.
- 109 - Resolve increasing the membership of the special commission established to make an investigation and study of the laws of the Commonwealth regulating the manufacture, transportation, storage and sale of alcoholic beverages.
- 110 - Resolve providing for an investigation and study by a special commission of the problems of water pollution in the Commonwealth, and the laws thereof relating to water pollution.

Acts of 1967 (January 4 - June 30, 1967)

- 9 - An act further extending certain provisional appointments and temporary transfers for a limited period.
- 15 - An act providing for an appeal to the Department of Public Health in cases of revocation by a local health department or board of health of licenses to conduct day care services for children.
- 25 - An act extending the time within which certain appeals may be heard by less than a majority of the members of the Civil Service Commission.
- 29 - An act providing that the Health and Welfare Commission shall have one member who shall represent the Massachusetts Psychological Association.
- 40 - An act making a corrective change in the law relative to the definition of certain cheeses.
- 41 - An act making a corrective change in the law relative to the establishment of bacterial standards of milk by local boards of health.
- 48 - An act requiring the installation of coin-operated telephones in certain convalescent or nursing homes.
- 49 - An act providing that the law relative to harmful drugs shall apply to amyl nitrite.
- 51 - An act authorizing the Department of Public Health to designate shellfish areas as contaminated for certain specified periods or seasons of the year.
- 53 - An act authorizing nonprofit hospital service corporations to contract with Lemuel Shattuck Hospital for certain care in addition to hospitalization.
- 55 - An act providing for the appointment of a representative of the dental schools and a representative of the Massachusetts Dental Society to the Advisory Committee to the Health and Welfare Commission.
- 57 - An act extending the time within which the Director of Civil Service shall terminate provisional appointments and temporary transfers after the establishment of an eligible list.
- 63 - An act requiring appointing authorities to give notice to certain officers of the change of status of employees in the classified civil service.
- 64 - An act authorizing the correction of inequities in marking civil service examinations.
- 74 - An act making certain corrective changes in the civil service law.
- 82 - An act making a corrective change in certain laws regulating the sale of milk.

- 88 - An act further regulating the placing of the name of certain employees separated from the public service on a re-employment list under the Civil Service Law.
- 89 - An act exempting certain physicians and nurses employed by the Commonwealth or a political subdivision thereof from the Loyalty Oath prescribed for public employees.
- 90 - An act authorizing cities and towns to appropriate money for local programs established under the Economic Opportunity Act of 1964.
- 96 - An act providing for reinstatement of persons within five years after abolition of a position under the Civil Service Law.
- 107 - An act making appropriations for the fiscal year ending June thirtieth, nineteen hundred and sixty-seven, to provide for supplementing certain existing appropriations and for certain new activities and projects.
- 110 - An act providing that the Director of Civil Service may hold certain examinations whenever public convenience requires.
- 112 - An act further defining eligibility for certain promotions under the Civil Service Law.
- 116 - An act prohibiting the disposal of garbage and refuse in coastal or inland waters.
- 118 - An act providing that temporary transfers of permanent employees in the official civil service shall not affect their eligibility for promotion or the serving of their probationary periods.
- 125 - An act relative to the number of eligible applicants necessary to hold a competitive promotional examination.
- 136 - An act increasing the penalty for violation of the law prohibiting the sale of milk shipped into the Commonwealth from a milk plant which has not been inspected and approved.
- 143 - An act requiring a request for a leave of absence and the approval thereof to be in writing under certain conditions.
- 149 - An act relative to the organization of a regional refuse disposal planning board and authorizing it to accept and expend Federal funds without appropriation.
- 154 - An act regulating the sale of certain glue and cement to minors.
- 176 - An act providing that receipt of the allowance payable to widows of certain public employees retired for disability shall not preclude such widows from receiving an allowance based on their own services to the Commonwealth or a political subdivision thereof.
- 184 - An act authorizing the Town of Eastham to supply itself and its inhabitants with water.

- 195 - An act eliminating certain requirements relative to citizenship for applicants for registration as nurses and license as practical nurses, and for certain registered nurses and licensed practical nurses.
- 215 - An act authorizing the Department of Public Health to adopt regulations establishing standards of identity and labeling requirements for frozen desserts and frozen dessert mix.
- 216 - An act further regulating the labelling of oleomargarine.
- 217 - An act providing that the law regulating the use of the word 'native' shall be enforced by the Commissioner of Agriculture.
- 219 - An act requiring ambulance drivers or attendants to obtain certain certificates within a certain period of time.
- 230 - An act relative to the composition of the Milk Regulation Board.
- 241 - An act providing for the annual observance of Cystic Fibrosis Week.
- 252 - An act prohibiting the Massachusetts Hospital School from prohibiting the admission of certain children.
- 276 - An act providing additional funds for the planning, development and construction of the University of Massachusetts Medical School in the City of Worcester, and establishing the Federal Capital Improvement Fund.
- 299 - An act further regulating the practice of professional nursing.
- 307 - An act authorizing a change in the allowable point of diversion of water from the Ipswich River by the City of Peabody.
- 309 - An act further exempting certain physicians and nurses from civil liability in carrying out public health programs.
- 314 - An act making appropriations for the fiscal year ending June thirtieth, nineteen hundred and sixty-seven, to provide for supplementing certain existing appropriations and for certain new activities and projects.
- 343 - An act authorizing the City of Gloucester to obtain water from the Ipswich River.
- 352 - An act to permit regional health districts and boards to provide certain group insurance for their employees.
- 353 - An act facilitating anatomical gifts.
- 356 - An act repealing the law requiring a producer of or dealer in milk to obtain a permit from the board of health of each town in which he sells milk or delivers it for sale.
- 357 - An act to limit the hours of employment of females in rest homes, nursing homes and convalescent homes.

- 374 - An act exempting registered nurses from civil liability as a result of rendering certain emergency care.
- 383 - An act providing that a local governmental unit may pay one half the cost of a premium and the full amount of an additional rate for group accidental death insurance for policemen and firemen who are killed or who die from injuries received in the performance of their duties.
- 391 - An act authorizing the consolidation of the Visiting Nurse Association of Great Barrington, Massachusetts and Stockbridge Visiting Nurse Association, Inc. under the name of Southern Berkshire Visiting Nurse Association, Inc.
- 393 - An act making appropriations for the fiscal year ending June thirtieth, nineteen hundred and sixty-seven, to provide for supplementing certain existing appropriations and for certain new activities and projects.
- 399 - An act making Vietnam veterans eligible in certain cases to take civil service examinations, and to take such examinations notwithstanding the age requirements.
- 400 - An act increasing the retirement allowance of police and firemen who retire under the Veterans Retirement Act.
- 408 - An act amending and clarifying an act providing for cost-of-living increases in pensions, retirement allowances and annuities payable to certain retired employees of the Commonwealth and its political subdivisions.
- 414 - An act making appropriations for the fiscal year nineteen hundred and sixty-eight, for the maintenance of the Departments, Boards, Commissions, Institutions, and certain activities of the Commonwealth, for interest, sinking fund and serial bond requirements, and for certain permanent improvements.

Resolves of 1967 (January 4, 1967 - June 30, 1967)

- 5 - Resolve providing for an investigation and study by the Department of Public Health relative to requiring all hospitals in the Commonwealth of Massachusetts to have a staff doctor available at all times to administer medical services in cases of emergency.
- 8 - Resolve providing for an investigation and study by the Department of Public Health relative to requiring the immediate removal of a dead body from certain establishments.
- 13 - Resolve continuing the investigation and study by a joint board consisting of the Department of Public Health, the Department of Commerce and Development, the Metropolitan District Commission, and the Central Massachusetts Regional Planning District relative to the collection and disposal of sewage in certain municipalities in the County of Worcester, and increasing the membership of said board.

- 14 - Resolve providing for an investigation and study by a special commission of the laws of the Commonwealth relative to the reporting of births, deaths, fetal deaths, and marriages and the issuance of certificates thereof.
- 15 - Resolve providing for an investigation and study by a special commission of programs and facilities for the treatment of alcoholics.
- 26 - Resolve further continuing the investigation and study by the Water Resources Commission relative to the water supply of the Berkshire County region.
- 46 - Resolve continuing the study by the Metropolitan District Commission of the diversion of excess water from Millers River and other sources into Quabbin Reservoir.
- 50 - Resolve providing for an investigation and study by a special commission relative to 'nearby' differential payments to Massachusetts milk producers.
- 52 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the establishment of a State Board of Examiners of Bioanalytical Laboratories.
- 57 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the problems of water pollution in the Commonwealth, and the laws thereof relating to water pollution.
- 61 - Resolve providing for an investigation and study by a special commission relative to the advisability of purchasing kidney machines, so called, to be made available for use in hospitals of the Commonwealth.
- 62 - Resolve providing for an investigation and study by a special commission relative to the feasibility of the Department of Public Health inaugurating a network of health screening clinics for persons forty years of age and over.
- 63 - Resolve providing for an investigation and study by a special commission of the problem of the dumping of oil or other waste materials in the coastal waters of the Commonwealth.
- 66 - Resolve providing for an investigation and study by a special commission relative to prohibiting the sale or manufacture of eyeglass or sunglass frames containing combustible materials and other matters relative thereto.
- 73 - Resolve providing for an investigation and study by a special commission of the need for licensing and setting minimum standards for pet shops.
- 77 - Resolve providing for an investigation and study by the Department of Public Health relative to the clearing of weeds and other growth from certain lakes and ponds in the Commonwealth and other related matters.
- 79 - Resolve reviving and continuing the special commission established to make an investigation and study of the status of women in employment and other areas.

RECOMMENDATIONS FOR 1968 LEGISLATION

Following is the legislation to be submitted to the next session of the General Court by the Department:

1. AN ACT AUTHORIZING AND DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO CONDUCT A STUDY OF THE POLLUTION OF CERTAIN UNDERGROUND WATERS IN THE COMMONWEALTH.

The incidence of cases where ground water sources of supply have become contaminated and unusable by materials such as road salt (some of which contains toxic corrosion inhibitors), pesticides, industrial wastes and bacteria, is increasing at an alarming rate. When a municipal well becomes polluted, it either involves abandoning the source completely or the installation of some type of treatment. Either solution is expensive. Many communities cannot afford to lose any of their sources of supply because of the lack of other suitable sources of supply, and water shortages are the result.

2. AN ACT DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO REPORT ON THE PRESERVATION OF PURITY OF CERTAIN WATERS USED AS WATER SUPPLIES WITHIN THE COMMONWEALTH.

The last comprehensive study and report of this type conducted by the Department was done under the provisions of Chapter 67 of the Resolves of 1954.

Since that time many new types of polluting materials, such as road salts and pesticides, have come into general use. There is increasing pressure from conservation and recreation groups to allow greater use of the water and watershed areas of public water supplies for various uses; and there is increasing awareness of the fact, on the part of municipalities, that by providing an appropriate treatment plant it may be possible for communities to dispose of large areas of land once needed for protection of the water supply, and return the land to other uses. Also with the passage of Chapter 685 of 1966, the "Clean Waters Act," all waters of the Commonwealth have been classified as to quality and present and future use, and the water needs of the Commonwealth should be re-studied in this context.

3. AN ACT TO AMEND THE LAW PERTAINING TO THE REGULATIONS OF CROSS CONNECTIONS BETWEEN PUBLIC WATER SUPPLIES AND OTHER WATER SUPPLIES.

There is presently in Chapter 111, a Section 160A very similar to the proposed section. Purpose of this legislation is to clarify and improve the existing law. The main features contained in the redrafting are: a) a re-definition of what constitutes a cross connection; b) an increase in the yearly permit fee from \$10.00 to \$25.00, to more nearly reflect the cost to the Commonwealth in providing the inspections; c) the exemption of other governmental authorities from the payment of the fee. This will eliminate much bookkeeping between public agencies.

4. AN ACT AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO LICENSE INSPECTORS OF BACK-FLOW PREVENTION DEVICES.

Although the Department of Public Health has the responsibility for approving and inspecting all piping cross connections within the State between public water supplies and possible sources of contamination, the Department has been unable to secure the necessary budget to adequately discharge its responsibilities. As an example -- there has been an increase of 165 new installations in the last four years without any increase in manpower to perform the necessary field inspections.

The proposed legislation will allow licensed plumbers to act as agents for the Department in inspecting these piping installations. The cost for the plumbers work will be borne by the person maintaining the cross connections. The Department will continue to issue the permits for the installation and collect the yearly permit fee as set forth in Chapter 111, Section 160A.

5. AN ACT AMENDING THE DEFINITIONS OF MACHINE LOCATION AS IT PERTAINS TO FOOD VENDING MACHINES.

In a study of the vending machine law by the Department of the Auditor, comments were made concerning the inequities in the vending machine law.

In the case of the vending machine law, license fees were considered inequitable in regard to paragraph 4, and the definition of machine location was considered too broad. Recommended amendments to Sections 308 and 309 of Chapter 94 would correct this law in accordance with the recommendations of the Auditor.

6. AN ACT AMENDING THE LAWS PERTAINING TO MANUFACTURERS OF HARMFUL DRUGS WITHIN THE COMMONWEALTH.

In a study by the Department of the Auditor, comments were made concerning the inequities in the harmful drug law.

In the case of the harmful drug law, amendments to the section concerning out-of-state manufacturers were made without bringing Section 187E of Chapter 94 into the same accord. The recommended legislation pertaining to that section would do so by providing the acceptance of registration of the Federal Department of Health, Education, and Welfare in lieu of a license.

7. AN ACT AMENDING THE LAWS PERTAINING TO STUFFED TOYS.

The recommendations for new legislation also contain a proposed amendment to the stuffed toy law. The present law provides for a high initial license fee of \$100.00, with a subsequent annual fee of \$25.00. The initial \$100.00 fee is unreasonable, especially when many of the stuffed toy wholesalers handle very small quantities of stuffed toys in conjunction with their main line of business. Therefore, I have recommended that the initial fee be reduced to \$25.00, with subsequent annual fees remaining at the \$25.00 level.

Amendment of Section 271 of Chapter 94 clarifies the licensing of upholstered furniture and bedding wholesale dealers. Since inspection of one establishment would include the inspection of all products sold by that individual which comes within the scope of the law, it seems unreasonable to require two licenses for the same business, when that business handles the upholstered furniture and bedding as well as stuffed toys. The amendment would clarify this situation.

8. AN ACT RELATIVE TO AUTHORIZING SUPERINTENDENTS TO CONDUCT CERTAIN HEARINGS AND AUTHORIZING THE COMMISSIONER TO DELEGATE CERTAIN RESPONSIBILITIES.

This legislation is proposed to permit superintendents to hold hearings on matters arising out of the Grievance Procedure and Civil Service laws. This act would also permit the commissioner to delegate authority to negotiate collective bargaining agreements.

9. AN ACT RELATIVE TO PUBLIC HEALTH NURSING.

This bill is necessary for local health agencies to meet their responsibilities as providers of service under Public Law 89-97, and would provide flexibility to the health agency, certified as a provider, to meet its financial responsibilities for a second required therapeutic service.

10. AN ACT RELATIVE TO PAYMENT FOR HOSPITAL CARE OF PREMATURE INFANTS.

It is recommended that this amendment be adopted since many cases, now paid for by State and Local funds under the Premature Program, are eligible for Federal Funds under Title XIX, but are denied this assistance because of the existence of the Premature Law.

The addition of this section to the Premature Law, permitting the option of using Title XIX funds in eligible cases, would then effect a savings since only State and Local revenues are used to fund the Premature Program.

DEPARTMENT OF PUBLIC HEALTH

FISCAL SECTION

BUDGET 1966 - 1967GRAND TOTAL - DEPARTMENT AND INSTITUTIONS

| <u>YEAR</u> | <u>TOTAL BUDGET</u> | <u>PER CAPITA</u> | <u>TOTAL STATE</u> | <u>PER CAPITA</u> | <u>TOTAL FEDERAL</u> | <u>PER CAPITA</u> |
|-------------|-------------------------|-----------------------|------------------------|-----------------------|--------------------------|-----------------------|
| 1967 | \$39,469,206. | \$7.45 | \$33,299,417. | \$6.29 | \$6,169,789. | \$1.16 |

DEPARTMENT - MAINTENANCE

| | | | | | | |
|------|---------------|--------|---------------|--------|--------------|--------|
| 1967 | \$19,381,938. | \$3.66 | \$13,212,149. | \$2.50 | \$6,169,789. | \$1.16 |
|------|---------------|--------|---------------|--------|--------------|--------|

INSTITUTION - MAINTENANCE

| | | | | | | |
|------|---------------|--------|---------------|--------|-------|-------|
| 1967 | \$20,087,268. | \$3.79 | \$20,087,268. | \$3.79 | ----- | ----- |
|------|---------------|--------|---------------|--------|-------|-------|

DEPARTMENT EXPENDITURES 1966 - 1967

| | <u>TOTAL</u> | <u>STATE</u> | <u>FEDERAL</u> |
|---|--------------|--------------|----------------|
| <u>Commissioner's Salary</u> | 23,000.00 | 23,000.00 | ----- |
| <u>Administration</u> | 906,105.87 | 433,043.98 | 473,061.89 |
| Mass. Committee on Children and Youth | 95,068.96 | 6,487.17 | 88,581.79 |
| Drug Addiction Rehabilitation Board | 236,629.66 | 236,629.66 | ----- |
| Radiological Health | 33,098.53 | ----- | 33,098.53 |
| Medicaid | 63,047.47 | 63,047.47 | ----- |
| <u>Training & Research</u> | 184,762.35 | ----- | 184,762.35 |
| <u>Environmental Sanitation</u> | 763,940.83 | 725,647.25 | 38,293.58 |
| Special Projects | 37,113.66 | 37,113.66 | ----- |
| Water Pollution Control | 155,605.81 | ----- | 155,605.81 |
| Air Pollution Control | 172,273.09 | 91,659.72 | 80,613.37 |
| New England Interstate Water Pollution Control | 9,800.00 | 9,800.00 | ----- |
| Radiological Health | 59,008.86 | 50,134.57 | 8,874.29 |
| <u>Chronic Disease Control</u> | 2,816,735.01 | 1,835,400.61 | 981,334.40 |
| Measles Vaccine | 217,401.74 | 217,401.74 | ----- |
| Poliomyelitis Vaccine Program | 228,500.00 | 228,500.00 | ----- |
| Study Relative to Equine Encephalitis | 23,601.08 | 23,601.08 | ----- |
| Vaccination Assistance Project | 54,929.07 | ----- | 54,929.07 |
| Radiological Health | 25,333.67 | 19,005.97 | 6,327.70 |
| <u>Consumer Products Protection</u> | 619,860.86 | 599,756.41 | 20,104.45 |
| Pesticide Board | 19,596.96 | 19,596.96 | ----- |
| Radiological Health | 33,386.82 | 18,823.27 | 14,563.55 |

DEPARTMENT EXPENDITURES - 1966 - 1967

CONTINUED

| | <u>TOTAL</u> | <u>STATE</u> | <u>FEDERAL</u> |
|----------------------------------|---------------------------------|---------------------------------|--------------------------------|
| <u>Health Services</u> | 2,605,042.74 | 1,047,294.27 | 1,557,748.47 |
| Care of Prematurely Born | | | |
| Infants | 134,708.67 | 133,708.67 | 1,000.00 |
| Radiological Health | 130.52 | ----- | 130.52 |
| <u>Hospital Facilities</u> | 245,839.76 | 99,690.43 | 146,149.33 |
| Radiological Health | 25,775.22 | 5,107.65 | 20,667.57 |
| <u>Tuberculosis Control</u> | 4,536,273.07 | 4,391,786.15 | 144,486.92 |
| <u>Institute of Laboratories</u> | 1,203,567.17 | 1,093,624.38 | 109,942.79 |
| <u>Grants in Aid</u> | 22,750.00 | ----- | 22,750.00 |
| <u>Capital Outlay</u> | <u>39,610.36</u> | <u>39,610.36</u> | <u>-----</u> |
| TOTAL EXPENDITURES | <u><u>15,592,497.81</u></u> | <u><u>11,449,471.43</u></u> | <u><u>4,143,026.38</u></u> |

BUREAU OF CHRONIC DISEASE CONTROL

Division of Adult Health

The purpose of the Division is to devise, implement or support measures which aim at preventing the onset of chronic disease and limiting disability resulting from such disease through rehabilitation.

In the program for the detection of cervical cancer, a standard cytology report form was put into operation. Consultation and statistical services were provided to three hospitals in the second year of their detection program. Another hospital and a health department have started programs and nine additional projects are in the development stage. Plans are in progress for the introduction of cervical cancer screening into State hospitals. The Boston School of Cytotechnology has started operation. A physician education program has been funded and successfully carried out in the Holyoke area with the assistance of the Deaconess Hospital cancer staff.

An evaluation of the State Throat Culture Program is in process. Community glaucoma screening programs were conducted and the manual of procedures for them is being revised for better follow-up. A manual of procedures with reporting forms was devised and accepted by the Diabetes Advisory Committee for use in community programs.

Division staff were active in the Councils of the Massachusetts Rehabilitation Commission and the Massachusetts Vocational Rehabilitation Planning Commission. The Division helped to organize the Massachusetts Interagency Council on Smoking and Health. A mail survey of hospitals was initiated to determine attitudes toward the sale of cigarettes. A smoking withdrawal group, 'Smokers Anonymous,' was assisted in methodology and funded. A proposal for 'Emergency Transport of the Sick' was developed for the Governor's Commission on Highway Safety. An exhibit was prepared for the Sixty Plus Festival, with the theme 'Accident Prevention for the Elderly at Home.'

The Division worked for the certification of extended care facilities as well as for continuing consultation to these facilities and nursing homes.

Home health agencies were assisted with the recruitment of qualified therapeutic and social work staff. Statements of function were prepared and distributed. Consultation was provided on the utilization of these services.

Manpower surveys of nutritionists, social workers, and physical, occupational and speech therapists were conducted to determine the availability of full-time or part-time qualified workers for employment by medical care facilities. Survey data are being processed to study pertinent factors relating to the status of professional manpower.

The number of organized Homemaker Services is increasing. To date all of the services receiving initial financial support from the Department are fully funded locally. Training content, methods and sponsorship are being reconsidered. Work is underway to assure adequate nursing supervision of homemakers providing personal care in the home. A State-wide Homemaker Council is being organized. A two-year evaluation study of thirteen agencies is in process.

Community organization specialists on the Division staff have been involved in helping community agencies with the planning of regional home health services, development of comprehensive health services for children and youth and mothers and infants, and consultation on continuation of developmental grants to a limited number of home health agencies.

Community coordinators were also involved in establishing liaison and providing consultation to the Commission on Aging, the Office of Economic Opportunity, Community Action programs, and Model City Planning bodies. A Directory of Health Services is being prepared as fulfillment of an agreement by the Department with the Department of Public Welfare.

A number of community health studies were undertaken, including a resurvey of home health services, utilization of therapeutic services provided by home health agencies, and the effect of a hospital-based public health nurse coordinator on use of a home health agency by the hospital medical staff.

Nineteen community health projects were funded. In addition, the Division was responsible, in collaboration with the Nursing Section, for the management of forty-eight developmental grants to home health agencies.

In the future, disease screening will continue as a major activity. New areas, such as accident prevention and arthritis, will be explored. A model state plan for kidney disease control will be developed. Greater effort will be expended in establishing continuity of patient care between various medical care facilities. Communities will be helped to design and develop comprehensive health care programs.

Division of Alcoholism

According to Chapter 418, Acts of 1959, it is the responsibility of the Division of Alcoholism to 1) establish programs for the diagnosis, treatment and rehabilitation of alcoholics; 2) study the problem of alcoholism; 3) develop and promote preventive and educational programs relating thereto; 4) coordinate the work of all departments and agencies dealing with the care and treatment of alcoholics or with the problems of alcoholism.

Efforts in education this year were concentrated most heavily on preparing school systems to teach effectively about alcohol. The Division has worked on alcohol education programs most intensively with the school systems in Falmouth, Braintree and Manchester, and also with school personnel in the following communities: Mansfield, Boxford-Topsfield-

Middleton (Masconomet Regional High School), Arlington, Hopkinton, Newton, Wayland, and Mendon-Upton (Nipmuc Regional High School).

The goal of the Division in alcohol education is to work with the schools in such a way as to enable the school system to be self-sufficient in its ability to carry out alcohol education programs for all junior and senior high school students. This requires considerable planning with school personnel on all levels and training of teachers. These health education programs carried out through school systems for the teachers are the only means at hand at this time for the primary prevention of problem drinking.

In the area of coordination, the Division continues to develop and promote treatment programs in agencies, public and private, with the goal of increasing the number of resources available to the alcoholic. This past year, a good deal of work has been done with the Lemuel Shattuck Hospital to provide services to the large population of alcoholics hospitalized primarily for cirrhosis of the liver. The stage has been set for training resident physicians at the Shattuck beginning in the Fall of 1967.

The Division is also working with a number of mental health facilities, including the Danvers State Hospital, the South Shore Mental Health Center, the Trinity Mental Health Center, and the Boston State Hospital. There is increasing interest on the part of these and other mental health facilities to develop more effective programs for the treatment of alcoholism.

In treatment, because of recent court decisions, the Division has given considerable attention to finding solutions for handling the problem of homeless alcoholics and developing programs which will substitute a health and welfare approach for the current law enforcement methods. So far there is only one special program of this kind in the State, located in the South End of Boston. This program, called the South End Center for Alcoholics and Unattached Persons, has made it clear that unattached and homeless alcoholics will respond to a medical-social welfare approach on a voluntary basis.

At the seventeen State-supported out-patient alcoholism clinics, physicians, psychologists and social workers saw many new cases in addition to the carry-overs. The Division provided hospitalization for one hundred more patients than last year.

There was a breakthrough with respect to half-way houses. The Division was able to make agreements with half-way houses to purchase their services for alcoholics. Arrangements were made with three half-way houses, two in Worcester and one in Boston, to provide rehabilitation assistance. The half-way house program has been integrated with the out-patient clinic treatment to insure continuity of care.

The four-fold program of education, coordination, research and training will continue. In future years, instead of thinking only of clinics, the Division plans to try to develop comprehensive alcoholism programs in different geographic areas throughout the Commonwealth.

Division of Communicable Diseases

The Division operates two separate and distinct programs, a communicable disease program which is essentially advisory and investigatory, and a venereal disease control program which combines the features of a medical care program and epidemiologic responsibility.

Communicable Disease Program

The most significant achievement during this annual period was the continued sharp reduction in the reported cases of measles. Since our Measles Immunization Program began in October 1965, there has been a 96 per cent reduction in the reported cases of measles. In Massachusetts the measles season begins in October, peaks in April and declines in June. From October 1964 to May 31, 1965, there were 20,843 cases of measles reported; from October 1965 to May 31, 1966, 875 cases were reported; and from October 1966 to May 31, 1967, 310 cases were reported. This represents a reduction of 98 per cent in the reported cases of measles.

A bill has been introduced into the Legislature by the Department requiring that all children entering school be immunized against smallpox, diphtheria, whooping cough, tetanus, measles and poliomyelitis unless there are medical or religious contraindications. The bill, supported by the Massachusetts Medical Society, was passed and signed by the Governor and will be effective December 5, 1967. A form for religious exemption has been prepared by the Division and a representative of the Christian Science Church.

The winter of 1966-67 was a mild winter and Massachusetts was spared from epidemics of influenza. It was expected that even if influenza struck it would be mild in intensity. The winter of 1967-68 should be the big epidemic year for Asian influenza in Massachusetts and the rest of the country.

Mumps has an epidemic cycle every four years. The last outbreak of mumps in Massachusetts was in 1964. Therefore, 1968 should be the epidemic year for mumps. A live attenuated mumps vaccine is expected to be licensed in December 1967. The Division plans to administer the vaccine through local boards of health to school children in kindergarten and grade one.

Rabies control measures have been intensified. Since 1961 there were five cases of rabies in bats associated with human bites. A five-point program has been developed by the Division in cooperation with the Division of Animal Health of the Massachusetts Department of Agriculture, the Massachusetts Medical Society and the Massachusetts Veterinary Association.

Venereal Disease Program

The records clearly indicate that organized and commercialized prostitution is not a major factor in the venereal disease problem in this State. The biggest source of contacts is the pickup and the places of pickup center primarily around taverns, bars and restaurants.

All military selectees discovered to have a positive blood test for syphilis or other evidence of venereal disease have been followed and have been examined by private physicians or at the nearest State clinic. Reports on them have been evaluated and sent to the Induction Board. The Division has also received reports from the military of men separated from the services who need follow-up for these diseases. Military patients have been interviewed for their contacts.

Reciprocity agreements on premarital blood tests have been extended. At the present time, Massachusetts will accept certificates from thirty-eight of the forty-three States having such a law, and twenty-three States have agreed to accept Massachusetts premarital certificates when properly completed.

The training program includes lectures on venereal diseases, social health and communicable diseases, instruction in venereal disease control, films, publications, literature, consultations, and radio and television broadcasts.

The intensified Sero-Reactor and Private Physician Visitation programs have uncovered more new cases of early infectious syphilis.

At the request of the Public Health Service, the Division participated in a national study to determine the incidence of penicillin reactions in venereal disease patients. The results are being tabulated and analyzed by the Public Health Service at the present time.

The Private Physician Attitude study has been completed. A joint manuscript is being prepared with the five other States where similar studies were made. The final draft will be sent to the Journal of the American Medical Association for publication.

A final report has been sent to the Public Health Service on the study of the effectiveness with teen-age audiences of three current films on venereal diseases.

The Curriculum Guide on the Venereal Diseases for use by teachers in the 7th, 8th and 9th grades was completed. Following evaluation at a workshop with seventy-five educators as consultants, the Guide will be published as a public document and will be available to any school system at cost through the Office of the Secretary of State.

The Division is currently engaged in the following applied research studies: Sero-reactor program; military interviewing program; treponema pallidum immobilization study; Reiter protein complement fixation test study; evaluation of the FTA-ABS test; evaluation of the sensitivity of gonorrhea to penicillin; cardiovascular syphilis study; long-term follow-up of chronic biologic false positive reactors; analysis of the type of questions asked by student nurses prior to a six-hour course of lectures on venereal diseases; analysis of the type of questions asked by student nurses prior to a four-hour course of lectures on family life education; congenital syphilis study.

Division of Dental Health

The objectives of this Division are the control of oral diseases and malformations and the control of hazards to health arising from dental treatment procedures through the development of organized systems of dental treatment, preventive dentistry, dental research and dental education.

In the mission for the development of systems of control for the very prevalent oral diseases, the sudden change in Federal attitudes and resulting support for medical care of the disadvantaged citizen has had a profound effect. The inclusion of dental care as a necessary component of comprehensive medical care has made today's realities out of yesterday's theories in matters of dental manpower, auxiliary personnel, dental economics and dental program administration. This Division has found itself in a coordinating role in this area, working with the dental profession, local health departments, and other State agencies to produce a blending of program designs into an integrated whole for public dental service of quality.

The year's developments indicate that Federal support of dental care for special groups through several contending administrative mechanisms poses a real need for a State expediting competency. No coordinating Federal plan has been devised to meet this need so this Division and others of the Department have had to direct attention to this area to a very significant extent and to date have devised principles and mechanisms for controls for quality of service in the broadest sense.

Fluoridation of public water supplies has expanded modestly and clinical application of fluorides in a topical therapy is becoming more widely used by private practitioners. Being intensively researched in the local area are the dietary use of phosphates for caries control, the use of complex fluoride compounds in experimental topical therapy, and an approach in serum immunology for dental caries control. A special legislative commission has been active in studying the methods available for dental caries prevention, with this Division serving its administrative needs. Conclusions from this work will, it is hoped, support an increase of resources in the preventive dentistry field.

Data collected from sensitive population groups suggest collective treatment performance in other than urban areas is meeting a degree of need that controls dental infections to a level well below that of the acute treatment stage. However, dental treatment programs for distressed urban areas have had to take the form of neighborhood centers of relief.

Residencies in dental public health training and apprentice training for undergraduate dental students have been activated and educational guidance in auxiliary personnel training has been given to local vocational schools and integrated professional schools at critical points.

Studies have been made to assure the adequacy of continuing postgraduate educational opportunities for dentists. These studies will produce suggestions for the development of educational resources in this area to assure easy access for dentists to opportunities so essential to the professional in a fast-changing discipline.

Protection of the public from unnecessary ionizing radiation sources in dentistry has been continued. All known sources have been placed under surveillance. Estimates have been made of present public exposure levels from this collective source and exposure levels have lowered with an increase in the diagnostic use of ionizing radiation. Present State regulations seem adequate at this time.

Division of Nursing Homes and Related Facilities

The primary purposes of the Division are licensing and regulation, classification and Medicare certification. Additional activities are consultative, educational and research efforts to assist nursing homes toward effective participation in the Medicare program and the development of standards of patient care beyond the minimal.

Medicare guidelines were developed and distributed to assist nursing homes to attain substantial compliance.

One hundred and nineteen extended care facilities were certified and all nursing homes were classified. Plans were approved for the construction of approximately twenty-five new facilities.

Training programs for nursing home personnel and in-service training programs for Division staff were developed and promoted. The initial phase of the area-wide planning project was completed and the inspectional program was reorganized.

A Federal contract was initiated to analyze the relationships between the cost and the quality of patient care in nursing homes.

Lemuel Shattuck Hospital

The Lemuel Shattuck Hospital is an institution for the active treatment of chronic disease and of acute illness as it occurs in the chronically ill patient.

This year there was a slight decrease in the in-patient census but a greater rate of attendance at the out-patient department than ever before. There was also a growth of certain patient services, laboratory tests, radiotherapy treatments, diagnostic x-rays and rehabilitation services to out-patients.

Certain patient data were studied for indications of the effects of Medicare on the Hospital's services, with the conclusion that there is a tendency to refer patients largely when they no longer have the means to pay for care elsewhere. Medicare support of patients in extended care facilities and nursing homes has slowed down the transfer of patients to such facilities, particularly those patients who are receiving public assistance but are not eligible for Medicare and those who will not be able to afford nursing home care when Medicare benefits are exhausted. This has resulted in some patients having to remain in the hospital after they are medically ready to be discharged.

The Renal Dialysis Unit, developed during the past year, is the newest example of the special services offered by the Shattuck Hospital to patients with chronic disease. The Orthopedic Service has increased its services and is expanding the types of orthopedic sub-specialties available. The Neurology Service is continuing its day-long group exercise program for patients with Parkinson's Disease.

Professional education and training take place in a variety of programs. Some, such as the School for Licensed Practical Nurses and the In-Service Training Program, are integral parts of the hospital organization. Others are based on cooperative affiliations with other medical and educational institutions, including training of resident physicians, medical and nursing students, and some paramedical workers. Several postgraduate courses for practicing physicians are carried out in cooperation with the Training Center for Comprehensive Care.

Research of outstanding quality continues to be carried out, mostly with Federal support in the form of research grants. However, it is anticipated that a nation-wide decrease in available Federal research funds will become more marked in the coming year and other sources of support will be needed.

Members of the staff, aware that it is becoming more and more important for hospitals to function in the perspective of total community health needs, have been increasingly active in seeking out and utilizing opportunities for community service and cooperation with other community agencies. The close relationship of the hospital with the Division of Adult Health enables it to ascertain pertinent areas for emphasis, as well as to provide consultative services. Collaboration with the Training Center for Comprehensive Care in provision of consultations and courses for a variety of persons, from practicing physicians to home health aides, is another means of contributing to health care in the community.

The Statistical Unit has pursued the following objectives: provision of statistical and data processing consultation and service to the divisions of the Bureau of Chronic Disease Control in planning and evaluation service and research programs and projects; development of a population-based tumor registry in South Boston; collection, verification, and processing of data on patients from cancer services and transmission of punch cards with cancer data to the National Cancer Institute; study of end results in cancer patients treated in Boston in poorer socio-economic groups and investigation of the causes of any differences as compared to groups of average income and education.

BUREAU OF CONSUMER PRODUCTS PROTECTION

Division of Food and Drugs

The responsibilities of the Division are in the areas of public health protection pertinent to food and drugs, cosmetics, devices, registration of pesticides, the licensing of cold storage warehouses, bedding, upholstered furniture, and stuffed toys, out-of-State soft drink and frozen dessert plants, methyl alcohol manufacturers, narcotic drug manufacturers, licensing of vending machines, sellers of hypodermic needles and syringes, and licensing of establishments using animals for experimental purposes. The Division also makes analyses of liquors, drugs and poisonous substances for the Department of Agriculture, police officials, the Alcoholic Beverages Control Commission, and the Department of Natural Resources.

Bacteriological analyses for public health law enforcement in regard to the degree of the purity of food supplies have been used by the Division for years. The increase in food processing in supermarkets is receiving attention from the Division and the industry in the development of rules and regulations concerning sanitation in retail food stores. This will require subsequent implementation by the store operators in personnel training.

Milk inspection on a State-wide basis continues but manpower and facilities available to local and State agencies can be more efficiently coordinated.

The inspection of bedding and upholstered furniture has not created any new problems.

The Pesticide Board coordinates pesticide applications from State agencies, licenses pesticide applicators and surveys pesticide application in the environment. The Division also registers pesticides.

Enforcement of the frozen food code shows a steady improvement in the sanitary manufacture of these products.

The rules and regulations pertaining to eating and drinking establishments, in the areas where they are being implemented, have demonstrated that industry and health agencies can work together for the benefit of the consumer.

The Division has accelerated its educational work in regard to the abuse of drugs. Conferences have been held with the office of the Attorney General and the Department of Education to develop a curriculum which can be followed by public schools in fulfilling the legal requirement that all public schools instruct their pupils in regard to the effect of drugs and stimulants on the human body. The police enforcement aspects of the drug control work have been de-emphasized so that more emphasis can be placed on the educational pursuits. The Division continues to support local police agencies in the enforcement of laws pertaining to harmful drugs and narcotics.

Inspection of vending machines shows a steady improvement in the construction of food vending equipment and the maintenance of high levels of sanitation.

The number of narcotic and harmful drug samples submitted by law enforcement sources continues to increase sharply. Complaints on hazardous chemicals are handled but there is no protective preventive program.

The coordinated campaign by State and Federal agencies for reducing Salmonella infections continues. A program is being planned with the Department of Agriculture for a survey of feed sources for poultry, as well as a program for detecting Salmonella on eggshell surfaces.

Changes in the Federal rules and regulations concerning juice products have required a change of pertinent regulations in this Division, which has brought about an extensive packaging change in the juice industry.

The Amherst office has been cooperating with the University of Massachusetts in a surveillance program of food being served at the institution. It has placed emphasis on vending machines servicing the campus.

The student training program has increased. The Division has implemented Federally initiated food and drug recall programs. The radiological surveillance program continues, with the more comprehensive aspects being handled by the Amherst laboratory.

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

The activities of all sections of the Division have expanded in the areas of air pollution control, radiological health, community sanitation, water pollution control, shellfish sanitation, and water supply.

The activities of the past year are indicative of the growing concern among the public for good air pollution control programs. This was well documented by the fact that some 40 bills were introduced to the General Court, resulting in the establishment of a special commission on air pollution matters. Other programs and activities were the continuation of several air sampling stations throughout the State and the assessment of the data collected during the Metropolitan Air Pollution Control District survey. Application to the Federal Government was made for improving the Department's program at the State level.

The Metropolitan Air Pollution Control District activities were in the areas of enforcement of the rules and regulations; training programs for operators of hand-fired coal furnaces; observations of stacks violating the visible smoke regulation; recruitment of qualified smoke inspectors; and requests for additional State and Federal funds.

The formation of the Lower Pioneer Valley Air Pollution Control District, which is composed of ten contiguous communities encompassing over 200 square miles and a population of 450,000, is the most significant accomplishment of the past year. Its creation provides the Department with a logical geographic area for promoting an effective multi-municipal air pollution control program based upon a geographic air pollution problem area rather than political boundaries.

Other significant accomplishments of the past year have been the formation of an Ad Hoc Advisory Committee to assist the Department in administering the regional program, and the development of proposed regulations on which a public hearing has been held. The regulations are expected to be adopted by the Department in the near future.

The programs and activities in radiological health performed during the year were in the areas of environmental surveillance; inspection of Atomic Energy Commission licensees; handling of incidents involving radioactive materials; and assistance to other State agencies and boards of health in matters involving ionizing radiation.

The Division has cooperated with local municipal officials and others relative to refuse disposal problems. During the past fiscal year the Division has made examinations of numerous existing or proposed refuse disposal sites and facilities, and made recommendations or advised relative to assignment, location, and/or operation of solid waste disposal facilities and sites. In addition, public hearings relative to solid waste disposal sites have been held under authority of Section 150A of Chapter 111 of the General Laws.

A Planning Grant for Solid Waste Disposal for the Commonwealth under Federal Public Law 89-272 was approved and made available from January 1, 1967. In order to take advantage of this grant, however, it is necessary for the Commonwealth to provide matching funds. Unless such matching funds are approved, the Commonwealth stands to lose the Federal money allocated for this program.

The Division continues to advise and assist local health personnel and the management of food service establishments to realize the importance of and strengthen the food service sanitation programs.

Advice and assistance are furnished to local health authorities and operators of recreational camps with respect to the continuation of the camp sanitation program and the compliance with the provisions of Article IV of the State Sanitary Code. In addition, the Division is involved with programs dealing with migrant labor camp sanitation and family-type camp sanitation.

The Division offers advice and assistance on problems and matters pertaining to insects and rodents. In addition, supervision is given to several mosquito control projects through representation of the Division on the State Reclamation Board.

Advice and assistance continues to be given to local boards of health and other appropriate agencies relative to numerous miscellaneous items including, but not limited to, housing, trailer parks, piggeries, police station and lockups, noisome trades, noise and odor problems, swimming pools, and various articles of the State Sanitary Code.

On September 6, 1966 a large portion of the Water Pollution Control function was transferred from the Department of Public Health to the Water Resources Commission. The Department continues to have responsibility in the area of approval of plans, treatment plant site approval, and the public health aspects of the function. The Division of Sanitary Engineering conducted a complete study of the shellfish harvesting areas in Boston Harbor and increased our surveillance program on the operation of the Newburyport Shellfish Treatment Plant. The rather large function of control of subsurface sewage disposal continues mainly on a decentralized district basis.

The public health supervision of the Commonwealth's public water supply facilities is the one basic statutory responsibility of the Division of Sanitary Engineering which touches most immediately upon the person and health of the individual citizen.

Historically, this Division has from its inception, invested a major portion of its means toward assuring availability of water known to be sufficiently pure and safe for man's direct needs. In the last two decades, with the advent of newer and, perhaps, more exciting programs to control 'new' threats to man's health - like ionizing radiation - and in the absence of increased staff or significant budget expansion, the Division has been forced gradually to diminish that portion of its total effort applicable to water supply control despite the Commonwealth's grow-

ing population and expanding economy. This deterioration has accelerated in recent years.

Consequently, it seems appropriate in this report to depart from the usual format which classifies and lists the numerous water supply projects and activities in which the water supply section has been active during the fiscal year, but rather to outline existing deficiencies which pose a continuing threat to the purity and safety of public water supplies in the Commonwealth.

Accordingly, the report of the water supply section delineates basic deficiencies with respect to the following: 1) field examinations of watersheds of surface sources of public water supply to detect sources of pollution; 2) field examination of water purification plants; 3) in-service training and certification of water works operators in charge of municipal water works systems; 4) cross connection surveys to detect hazardous (illegal) connections to water supply systems; 5) compilation of basic engineering data concerning existing systems in form useful for planning and engineering design.

BUREAU OF HEALTH SERVICES

Division of Local Health Services

The primary objective of the Division is to provide an organizational structure for the promotion and distribution of activities and services of all units of the Department. In so doing, the Division works very closely with the local boards of health and local health departments.

Early in the fiscal year a Division of Medical Care, authorized by the Public Health Council, was created. The coordinating function of medical care, which had been carried on by this Division, was transferred to the new division, which in addition has the responsibility for implementing departmental activities in relation to the Medical Assistance Program administered by the Department of Public Welfare. The Division of Local Health Services continues to have, through the regional offices and the nursing section, direct responsibilities for working with the home health agencies in relation to both Medicare and Medicaid.

During the year emphasis has tended to shift from special maternal and child health projects to the development of comprehensive health and medical care centers in low-income urban areas. A prototype of such a center has been in existence at Columbia Point in Boston for several years. This year an additional center in Roxbury, associated with the Boston University School of Medicine, was approved and funded. Preliminary steps have been taken to develop plans for such a center in Holyoke, involving directly, it is hoped, the medical society of that area. Similarly, developments in Brockton and some ten adjacent communities may lead to the establishment of a comprehensive health center in conjunction with the Brockton Hospital.

The Comprehensive Health Planning Act of 1966, more popularly known as the Partnership in Health Act, authorizes five grants. A formula grant for comprehensive health planning is given to a designated State health agency with the requirement that there be a State-wide planning advisory council, of which more than fifty per cent must be consumers of health services. Project grants for area-wide planning are authorized by this Act and will provide an opportunity for concurrent regional and area-wide planning along with the comprehensive State planning. A third part of the Act provides for project grants for research and training in health planning and the Department has applied for and received a small pre-planning grant under this part. The fourth grant is the most immediately significant, the so-called formula block grant, which replaces ten separate categorical health grants of the Public Health Service. The only limitation is that fifteen per cent of this grant is allotted for mental health activities. The block grant will provide a flexibility which heretofore has been missing. Finally, the fifth grant is a project grant for demonstration of service along special lines and provides an opportunity both to the Department and to local health agencies, as well as to other non-profit agencies, to create imaginatively new ways of providing health services.

In Massachusetts an on-going Health and Welfare Commission was created, consisting of the commissioners of Public Health, Mental Health,

Public Welfare, and the Rehabilitation Commission, along with three gubernatorial appointees. This Commission is charged with over-all coordinated planning for the four departments and will not have any operating responsibility.

Toward the end of the fiscal year, the Division helped to implement a contract between the Office of Economic Opportunity and the Department relating to the administration of a consultation and evaluation service for all the summer "Head Start" programs in the State. The program that was developed jointly with the Massachusetts Academy of Pediatrics involves the use of field teams consisting basically of a private pediatrician and a special health staff person from the regional office, augmented as needed by a State or local public welfare worker and a mental health staff person from one of the mental health centers. This team consults with the "Head Start" project directors and their staffs, particularly their medical and health personnel, and helps them develop a systematic health appraisal and follow-up, using the resources of the community insofar as this is possible. This same team serves to check on the progress that is being made during the course of the summer program and to evaluate the effectiveness of its health and medical care services. It is of interest that the project is directed by one of the regional health directors with the very active full-time staff work of a community-organization person from the Division of Adult Health.

The project concerned with the health of migrant agricultural workers continued for the third year. The project, as heretofore, was concerned primarily with improving the sanitation of the housing for the workers, providing a modicum of immunizations and tuberculin testing, and carrying out a health education program in relation to sanitation and personal health and hygiene. Massachusetts has a comparatively small number of migrant workers and a large majority of these tend to be young men in their twenties who are in relatively good health and do not bring their dependent wives and children with them.

During the fiscal year, three of the four district offices became regional offices with the appointment of two additional regional health directors, one in the northeast and one in the southeast. The pattern of having programs administered vertically by the divisions in the central office rather than horizontally by the district offices has become more pronounced as there has been an expansion of public health activities in, for example, environmental sanitation services, alcoholism control, the vaccination assistance program, and regulatory activities of nursing homes. The comprehensive health planning activities which will be undertaken in the next fiscal year must deal with this problem, as well as with the problem of the role of several types of local health units and boards of health.

Some important changes occurred in local health units. The reorganization of the Boston Health and Hospital Department was fully implemented. In Cambridge a plan was developed and approved combining the Health Department, the City Hospital, and the Department of Public Welfare.

Civil Defense Section

The responsibility for the Medical Service of the Civil Defense Agency was formally assigned to the Department in 1955 by Executive Order 25. Within the Department, assignment was made to the Bureau of Local Health Services.

A draft section of the Emergency Resources Management Plan for Health Resources was submitted to the Federal Office of Emergency Planning for review and recommendations. The plan was acceptable but changes were suggested due to a realignment of Federal thinking on resource management and a desire for uniformity in nation-wide plans.

The Public Health Service has funded to a substantial degree many of the training programs, including Medical Self-Help and Disaster Nursing.

The Commonwealth now has eighty Packaged Disaster Hospitals, stored under an agreement with the Public Health Service. Each has a host hospital, which will have the responsibility of staffing and administration. Funds have been requested for a program of testing for usability many of the items in the Packaged Disaster Hospitals on hand since 1953 and 1954.

The Public Health Service has instituted a project known as Hospital Reserve Disaster Unit, by which a thirty-day reserve inventory of items most frequently used in disasters would be placed for use in 'candidate' hospitals, subject to certain restrictions.

It is anticipated that a start will be made in the next year on testing medical supplies long in storage in the Commonwealth stockpile.

Nursing Section

The objectives of the Nursing Section are to promote nursing service of the highest quality and to secure a more equitable distribution of public health nurses throughout the State.

The Federal Health Insurance Program has stimulated new patterns of regional planning and reduced still further the number of communities without nursing service. Double the number of communities can now provide another therapeutic service to patients. One agency is providing five therapeutic services last year offered by none. The number of agencies providing three and four therapeutic services has doubled and the number providing two has tripled. The number of home health agencies with qualified nursing supervision has doubled.

A set of rules and regulations has been prepared as provided under Chapter 874 of the Acts of 1965 and, if approved by the Public Health Council, will be subject to public hearing next year.

Cooperative planning for home health agencies with the Blue Cross, the fiscal intermediary, has continued. The Section has been asked to work closely with the nurse consultant added to the Blue Cross staff for this program.

The Section has participated actively in the development of the Boston Maternal and Infant Project, as well as the city's two Children and Youth Projects. Assistance has been given in writing the nursing components and developing job descriptions and qualifications for nurses for the projects. The Boston Visiting Nurse Association and the Boston City Hospital and Health Services have given serious consideration to the integration of functions and have agreed on some plans to provide a generalized nursing service with one staff nurse. Public health nurses in both agencies will be given in-service education on functions not formerly assumed.

In cooperation with the Planned Parenthood League, plans are under way for a series of one-day conferences on Family Planning for registered nurses in the State, a program for each health region and one for the Boston area.

Nursing consultation has been given to the 'Head Start' programs. The workshop for nursing supervisors of home health agencies continued, as planned with the Training Center for Comprehensive Care. A joint publication of the Nursing Section and the Nutrition Section has been prepared and the first issue released. Considerable effort has been expended on the implementation of Medical Self-Help in High Schools. Since the inception of the program in 1963, over a hundred thousand individuals have been trained.

Nutrition Section

The Nutrition Section has two purposes. One is to strengthen nutrition services of the Department through improvement in personnel opportunities, more intensive program planning and evaluation, improved cooperative planning with Department nurses, and continuation of support of the Nashoba Nutrition Service. The second is to strengthen nutrition services to the people of the State through improving nutrition services to high risk groups in disadvantaged families, intensifying efforts in weight control and prevention of overweight, and developing a supply of adequately trained nutrition personnel to serve extended care facilities, home health agencies, 'Head Start' and special projects.

During the year members of the staff have participated actively in the work of several professional organizations, including the Massachusetts Public Health Association, the Massachusetts Dietetic Association, the Massachusetts Home Economics Association, the New England Health Education Association, and the Boston and Massachusetts Heart Associations.

All members of the staff participated in professional education for several groups, outstanding in which was public health field experience for graduate students in Public Health Nutrition from the University of North Carolina. Orientation to public health and public health nutrition was given to the new Children's Bureau Therapeutic Nutritionist, to dietetic interns from the Frances Stern Food Clinic and the Peter Bent Brigham Hospital, and to a public health nutritionist from London. The staff also taught sessions in two college nutrition courses and in orientation courses for 'Head Start' personnel. A staff member provided a chapter for a physician's book on Stroke and consultation was given to medical school staff regarding the nutrition component of the new curriculum.

The dietary departments of all the nursing homes applying for Medicare certification were surveyed by trained dietitians who were recruited and oriented and had their work coordinated by the Adult Health nutritionist.

The Report of the Work Measurement Study was completed and the results used as a basis for programming and for future comprehensive planning.

Progress was made in services to disadvantaged families through incorporating a nutrition component into each Maternal and Infant and Children and Youth project plan, and, whenever possible, into plans for other projects, recruiting qualified nutrition staff to implement these plans, and working with auxiliary professions to improve parent education in 'Head Start' programs. New teaching materials have been prepared for use in these programs.

Members of the nutrition staff cooperated with the Dairy Council nutritionists in organizing a program on Prevention of Overweight, co-sponsored by the Department. In the first year of a three-year effort, four one-day workshops were conducted, reaching nutrition and dietary personnel, school administrators and teachers, school and industrial health personnel, community youth leaders and community agencies. A series of six lessons has been organized for leaders of TOPS (Take Off Pounds Sensibly) Clubs, to be repeated in five locations throughout the State.

Cooperative efforts of the Massachusetts Dietetic Association and the Department nutritionists have been successful in recruiting qualified personnel to be dietary consultants for extended care facilities.

Social Work Section

The services of the Social Work Section are directed toward the identification and modification of social, psychological and environmental factors which contribute to health problems or influence the use of health services. The Section discharges its responsibilities as part of an inter-professional group. Emphasis will shift in relation to changing needs and priorities, the availability of personnel, and the changing goals of the Department. Specifically, the Section functions in two capacities, direct social work services through the functional programs administered under the Department and consultation.

The social workers in the hospitals under Department auspices helped patients in discharge planning and in the working through of problems and stresses arising from chronic illnesses, financial insecurity, and social and emotional factors.

Social workers functioning out of the regional health offices provided services in the Crippled Children Clinics and were responsible for the determination of eligibility for clinic services, the development of resources to meet the rehabilitation needs of the child, and casework services to help prevent social and emotional problems.

Social workers were also employed in community hospital settings

providing direct social work services. These workers, whose salaries are paid by the Department, are administratively responsible to the hospitals in which they operate as a member of the hospital team. They work in Alcoholism Clinics and in Children and Youth and Maternal and Infant Care projects.

The social workers were responsible for the follow-up and screening of admissions of all children under three years of age or handicapped children in Day Care centers.

In the regional health offices, the social worker consulted with the staff in identifying relevant social, emotional and economic factors related to health and worked with members of the staff in helping to meet social problems related to health and medical needs.

A social worker attached to the Division of Adult Health consulted with and assisted home health agencies and extended care facilities in setting up guidelines for their own social work staffs.

With the Training Center for Comprehensive Care, an educational program is being worked up for the Fall of 1967, an in-service training program to concentrate on the following areas: the definition of the role of Public Health Social Worker; the social worker as part of an interdisciplinary team designed to meet the total needs of the patient; and knowledge of community resources.

Regional Health Offices

The primary aims of the district offices are to encourage and assist local communities in the achievement of adequate, efficient, modern health service; to serve people by providing a more thorough interpretation of the public health laws; and to inform interested groups of the needs and modern trends in public health. The district office carries out and coordinates certain direct service programs of the Department, assists in other programs of the Department providing services to local communities, and provides general assistance and consultation to local boards of health and other health agencies.

Central District

Through the engineers, Regional Refuse Disposal Planning Committees and a Regional Refuse Disposal Planning Board for Metropolitan Worcester were formed. The latter includes, in addition to Worcester, the towns of Boylston, Grafton, Holden, Millbury, Northboro, Paxton, Shrewsbury and West Boylston. This is a very important step in the constant struggle against the burning at open-faced dumps. In another phase of the waste disposal problem, Metropolitan Worcester's regional sewage study has a Federal grant with matching State funds.

The public health nurses have worked to help educate communities and plan with them to certify home health agencies.

The nutritionist, working with the Food and Nutrition Associates, has conducted programs designed to raise the level of understanding of

problems among untrained food personnel in hospitals and other institutions. The nutritionist, as a committee member, has helped to develop a Workshop for Food Personnel in Nursing Homes and given the sessions on meal planning.

The health educator has worked with a committee from the Central Massachusetts Associated Boards of Health to plan a series of programs to help this group of untrained people become more familiar with the public health problems facing a community.

In the Day Care Program, all the public health personnel in the District have worked with the organized groups on in-service training programs to achieve upgrading of standards on the part of individual owners and their education on a group basis.

Individual conferences and clinic work have been continued by the nurse in the weekly Cardiac Clinic, by the nurse and physical therapist in the monthly Orthopedic Clinic, by the dental hygienists in their rounds of school, camp and Day Care facilities, by the nurse in the Tuberculosis Consultation or Screening Clinics, with new admissions at Worcester County Hospital, and with schools to promote the continued use of Tine testing, and by the nursing home inspectors in their continuing progress in the improvement of nursing and rest home facilities and the certification for Medicare in the nursing home area.

Northeastern Region

In-service education courses were held for local public health nurses, covering such subjects as the mentally retarded and emotionally disturbed child, diabetes in children, referral of children with handicaps, school health, tuberculosis, rehabilitation nursing, and cost analysis. An in-service course for dental hygienists was also conducted.

Activities in the Medicare program have consumed nearly half the time of the nursing advisors, who provided consultation to home health agency staffs and board members on meeting and implementing Conditions of Participation for Certification, initiating Developmental Grant Applications, completing cost studies, writing agreements for second therapeutic service personnel and other concerns of the administration, supervision and delivery of home health agency services. All but three potential agencies have been certified and two will be ready for certification in the near future. Eighty per cent of the home health agencies that received one-year developmental grants have assumed financial responsibility for personnel previously covered by grant funds.

The Migrant Health Project functioned for the third summer, employing a sanitarian, a public health nurse and a part-time clerk in this region. A screening for tuberculosis was carried out and immunizations against tetanus and poliomyelitis made available. Efforts to have farmers comply with the Sanitary Code continued.

Physical therapy consultation services to the Tewksbury Hospital and to home health agencies were initiated on a limited basis.

The Day Care service licensing program progressed. Crippled

Children Clinics were covered, but with limited staff. All staff personnel continued to provide assistance and consultation in their respective capacities to the many voluntary, proprietary and official agencies.

Southeastern Region

Most of the activities of the nursing staff have been concentrated on Medicare and in-service education programs given to home health agencies in regard to the Health Insurance Program. A number of meetings with board members, directors of Visiting Nurse Associations and supervisors were attended. Activities have also been directed toward the Adult Health Service and Homemaker-Home Health Aid Programs. In the field of maternal and child health, the nurses have worked with the Crippled Children's Services and the establishment of School Health policies.

The health educator has been the coordinator of the Day Care program, visiting Day Care agencies to determine their acceptability for licensing. A new problem is the requirement for fire alarm systems, which many of the agencies have not installed. The health educator has been active with 'Head Start' groups planning to open Day Care centers and with some of the welfare program directors who are interested in learning about the Day Care program. The lack of day foster care centers for children under three continues to be a problem. Requests from all-day schools which take children three and four years old have been on the increase. When a request is denied, the children are often placed in unsuitable homes, cared for by unreliable baby sitters, or left completely alone.

The social workers have given most of their time to the Crippled Children's Services and to the inspection and licensing of Day Care facilities.

The nutritionist has continued giving dietary consultation to nursing homes and talks to the Wrentham State School, the Office of Economic Opportunity Management Class, etc. She has given consultation to individuals and groups and has participated in program development and planning of nursing home inspection, and has assisted meetings in connection with Maternal and Child Health programs in Fall River.

The dental hygienist has provided dental surveys among school children of certain towns and has given assistance and consultation as requested.

The health educator was assigned two projects assisting pediatric and welfare assignees in evaluating the health components of 'Head Start.' He helped in the distribution of polio and measles vaccine, the evaluation of the Migrant Labor Program, the outline for a State-wide program of accident prevention, and community planning and education in regard to the sewage disposal plant to eliminate the pollution of Plymouth Harbor.

The nursing home inspectors classified nursing homes, surveyed homes for Medicare and reclassified nursing homes. They also participated in a workshop at Hanson for nursing home owners, in Medicare consultation, and in a seminar for nursing home nurses on the care of patients.

The Migrant Health Project was directed toward two major areas,

camp inspection by the sanitarians and immunization, including tuberculosis testing and administration of diphtheria-tetanus and polio vaccine.

The question of strict tuberculosis control among immigrants in the areas of Fall River, New Bedford and Taunton has been discussed. There is some question about the validity of vaccination certificates in this population and the subject has been brought to the attention of the Quarantine Service and the Division of Communicable Diseases. Control of typhoid carriers has been done by the local health departments. Some new typhoid carriers have been discovered by diagnosing new cases in families and investigating relatives. Polio and measles vaccine distribution has continued.

Western Region

Classification of nursing homes was completed. The three major problems encountered were lack of qualified professional staff, utilization review committees, and transfer agreements between hospitals and nursing homes. Assistance to dietary services increased. Educational programs were conducted for nursing home inspectors and administrators, covering the provisions of Medicare and Medicaid.

Interest was revived in a High Risk Maternity and Infant Care Project for the Springfield-Holyoke area. Several new Day Care services were opened and a three-credit course in Early Childhood Education was offered by a Community College. Negotiations opened for the establishment of a Cystic Fibrosis Clinic under the Crippled Children program.

Orientation programs for newly employed school nurses were conducted throughout the year and consultations given to assist communities in vision and hearing testing.

Consultations with local towns continued on developing home health agencies. Further efforts were made to clarify the use by Berkshire County nursing agencies of the physical therapy and other services of the Berkshire Rehabilitation Center. The proposal of the Franklin County Public Hospital for a Rehabilitation and Home Care Project was prepared.

The health educator participated in the majority of programs, particularly in School Health, Migrant Health, Community Organization and program planning.

The Migrant Health Project was concerned chiefly with sanitary inspections of camps and health education efforts in the camps. For the first time, community interest was shown in migrants and an "Operation Friendship" was established, to function in the areas of recreation and information concerning community facilities.

Prior to requesting funds for the building of a health center, the Mayor of Chicopee will appoint a local committee to study the health needs of the city. Members will be five physicians, two dentists, the Director of the Board of Health, the Mayor, and a representative from the Community Action Program.

A project application has been submitted to the Public Health Service by the University of Massachusetts to develop material that could

be used in the University for courses and research in health planning and extramurally in continuing education for health workers and interested citizens.

Under the guidance of the coordinator of community services and with the assistance of the Division of Maternal and Child Health, a student from the St. Louis University School of Medicine is doing a follow-up study of babies born at the Wesson Maternity Hospital in 1964 and reported as having congenital deformities.

A first draft of a study on health services in the central Berkshire area was reviewed for the Committee on Children and Youth.

A proposed Alcoholism Clinic to serve Franklin and Hampshire Counties has gained the support of the Franklin District Medical Society, but establishing legislation has not yet been enacted.

The sanitary engineers have worked with local communities in seeking additional sources of ground water for public water supply purposes. Advice and consultation were given municipal officials and operators of waste water treatment facilities on their problems.

Inspections of food handling and dispensing operations and analysis of food stuffs and liquids provided for public consumption continued.

Division of Maternal and Child Health Services

The Division has a broad and demanding responsibility for furnishing leadership in the development, guidance and provision of improved health services to mothers and children. It is organized into two major sections, Maternal and Child Health Services and Services for Crippled Children. The former includes activities pertaining to maternal, newborn, infant and premature care; preschool children; day care; vision and hearing conservation; and school health. Crippled Children's Services comprise programs for children orthopedically handicapped, with epilepsy, rheumatic fever or certain other chronic diseases, including phenylketonuria, cystic fibrosis, needing plastic surgery, or with congenital heart conditions.

The Division has been committed to the development and extension of community health services hitherto non-existent or inadequate. Information was widely disseminated concerning the availability of Children's Bureau and matching State funds and the procedures for plan development. Complying with local requests, survey computations were estimated by a fully complemented team from the Division to determine needs. Surveys in Fall River and Springfield resulted in formulation of projects. Survey computations in Lawrence and Methuen were presented to the joint staffs of the Lawrence General and Bon Secours Hospitals to stimulate plan development. The Malden Survey was completed and will be presented to the Malden Hospital in the Fall. The Division participated in planning and recruitment for the Boston Maternity and Infant Care Project and currently is meeting with project personnel endeavoring to establish developmental and procedural policies.

In August 1966, Massachusetts law was changed to permit family planning services to be provided by a physician. To implement Chapter 272 of the General Laws, Section 21A, a Policy Statement on Family Planning was drawn up by the Division, approved by the Public Health Council, and adopted as Departmental policy.

An all-inclusive per diem rate for hospital care of premature infants was changed to enable hospitals to assess the cost of providing care. Hospital bills rendered since April 1 have doubled.

The Committee on Perinatal Welfare was reorganized so that a State-wide study of perinatal and infant mortality could be conducted. Twenty-one three-man committees were established throughout the State to obtain information on the numbers and types of problems which might be susceptible to improvement.

The Children's Developmental Clinic, formerly the Cambridge Service for Retarded Children, moved from the jurisdiction of the Cambridge Health Department to that of the Division. The area to be served was expanded to include both Cambridge and neighboring communities. The scope of the clinic is being expanded to encompass all causes of developmental lag, both physical and mental.

A Joint Pediatric Screening Program is being developed in cooperation with the Division of Mental Hygiene of the State Department of Mental Health, to provide pediatric services in selected Child Guidance Clinics on a demonstration basis.

The Rheumatic Fever Prevention Program continues. The Day Care and Head Start programs have developed an interrelationship, exchanging consultation services on health components and resources of regional training programs.

The Child Growth and Development Section has grown rapidly, especially in services for the pre-school hard of hearing and deaf children. The rubella epidemic of 1964 is now having its maximum impact on the habilitation program. In cooperation with St. Elizabeth's Hospital, a new procedure was developed in which all infants are subjected to tests for hearing loss.

Services to Handicapped Children continued. On January 1 the rate of payment for hospital care was changed from an all-inclusive rate to a new rate based on the ratio of the all-inclusive in-patient cost for all patients to the all-inclusive in-patient charges to all patients. Out-patient visits must also be paid, without the benefit of a negotiated all-inclusive rate. Although Title XIX will assist in meeting costs of medical care for eligible children, the savings will in large part be applied to meeting increased costs for children not eligible for Title XIX benefits.

Plans for a new type of service in Metropolitan Boston have been completed. Crippled Children's Services will pay on a fee-for-service basis for any child with a chronic illness at a comprehensive care clinic at Boston Floating Hospital, provided financial eligibility requirements are met.

The Program on Inborn Errors of Metabolism has been extended to include, as well as children with phenylketonuria, those exhibiting other metabolic imbalances.

The Division has created interest in Fall River in re-structuring traditional school health services and developing a resource for diagnosis and treatment of conditions detected by screening and physical examination procedures. The Division has successfully assisted local community leaders in developing a Children and Youth Project Plan to provide such a resource and it is anticipated that funds will shortly be authorized for the purpose. Modernizing the school health structure at the local level challenges tradition. The Follow-Through Program opens the door between the traditional and the modern approach. During the coming school year, school and health personnel will work together to initiate a cohesively strong program that utilizes all available services and establishes new services to more adequately meet critical health needs of children at a crucial point in their development. Follow-Through concepts developed in Massachusetts will be expanded to other selected school districts throughout the country after completion of the pilot school year. A unique opportunity exists to introduce innovative demonstration services under joint sponsorship of the Division, the Fall River Health Department, and the Fall River School Department.

The Division concerns of long-range planning are the ultimate provision of maximum extended services to mothers and children on a State-wide basis. The same prime quality services now in effect in certain Boston census tracts will be extended to Fall River, Springfield, Lawrence, Worcester and throughout all areas of the Commonwealth needing them.

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities

The functions of the Division consist of the inspection and licensure of hospitals and sanatoria, college and school infirmaries, clinics, dispensaries, and blood banks. The Division is also responsible for approval of corporation charters for hospitals and sanatoria, clinics and dispensaries.

The broad purpose of the inspection and licensing program is to provide adequate standards of care in all licensed facilities by educational and regulatory procedures. Registration and approval of such sources of ionizing radiation as x-ray facilities in the offices of general practitioners and x-ray specialists, as well as other diagnostic and therapeutic sources, are now required by legislation.

Under the Medicare Program, other more recently added functions include the certification of hospitals and independent x-ray laboratories.

The Medicare Program of the Bureau of Hospital Facilities continues to expand as more attention develops in public health to the area of medical care. The foremost innovation this year was certification of extended care facilities. Although a number of chronic disease hospitals have been certified as extended care facilities, the lack of beds in this category is becoming increasingly apparent. Several hospitals are developing plans for construction of extended care facilities as an integral part of the hospital plant. The impetus comes not only from the shortage of such beds but also from the advantages of providing continuous care under a single organization. The allotment under the Hill-Harris Program in the long-term category is insufficient to meet the growing demand for extended care facilities, not only in hospitals but in free-standing institutions operated by church organizations or other non-profit agencies. It is hoped that additional funds will be allotted by Congress for this purpose.

Since a sizable number of hospitals were certified for Part A of Title XVIII with correctable deficiencies, the recertification program has been instituted. Consultation is being provided to correct such deficiencies. In addition, review of the activities of utilization review committees has been instituted. To facilitate the program of recertification, the few general hospitals thus far unaccredited are being encouraged to apply for examination from the Joint Commission on the Accreditation of Hospitals. One of the few remaining proprietary hospitals has been accredited during this fiscal year, and two others have been scheduled for survey.

The Bureau is continuing its efforts to promote area-wide planning. An agency for this purpose has been developed in the Worcester area. The City of Pittsfield is actively engaged in a program to coordinate the planning activities of the community's general hospitals. The Greater Boston Hospital Council's plan to develop an area-wide planning agency is about to be initiated with a grant from the Public Health Service.

A study of maternity services throughout the State revealed serious under-utilization in many general hospitals. A plan was developed suggesting that thirty-five hospitals relinquish maternity services, which would be transferred to general hospitals nearby. This would result in increasing maternity occupancy from sixty to seventy-five per cent in these hospitals and making immediately available five hundred beds for medical and surgical patients on a State-wide basis. Meetings with trustees and medical staffs have been set up throughout the State aimed at implementing this recommendation.

The control of cross-infections continues as an important activity. Salmonella infections arising in hospitals are frequently revealed as the cause of cross-infections. Several outbreaks were investigated by the Bureau in cooperation with the Division of Communicable Diseases and the Diagnostic Laboratory. An outbreak of Salmonella cubana at the Massachusetts General Hospital was one of several outbreaks in hospitals caused by contamination of Carmine dye used in certain physiological tests on the intestinal tract.

An in-service training course on teletherapy was instituted, in cooperation with the Public Health Service, for the Division's personnel. For the next fiscal year a course on epidemiology of hospital infection will be developed for chairmen of infectious disease committees and other physicians interested in cross-infections in hospitals. This course will be presented as a joint endeavor of the Department, the Massachusetts Medical Society and the Massachusetts Society of Pathologists.

The Bureau's program in radiological health protection continues to expand. Emphasis was placed on the examination of radiological facilities in the office of private practitioners. Meetings were held with representatives of chiropractors and podiatrists in order to arrange for inspection of x-ray facilities in the offices of such practitioners.

The annual revision of the State Plan for the administration of the Hill-Burton Program has been completed and submitted to the Public Health Service. With respect to the priority in the long-term care category, a plan to increase the need for additional beds by ten per cent was approved by the Public Health Service. The need for additional extended care facilities in the Medicare Program was the factor that made it possible to obtain this approval. As a result of the change, it will be possible to add new beds in the long-term care category in many sections of the State. As soon as approval has been obtained of this revision, plans will be instituted to revise the State Plan for the fiscal year 1968. Tremendous interest has been manifested by general hospitals, as well as chronic disease facilities, in obtaining Federal assistance under the Hill-Harris Program for building projects.

The expanding Medicare Program, the growing need for additional services necessitated by the development of Title XIX, and population growth continue to exert increasing impact on the manifold activities of the Bureau.

BUREAU OF INSTITUTE OF LABORATORIES

Division of Biologic Laboratories

The purpose of the Division is to manufacture and distribute biologic products used in conjunction with the general public health programs of the Department.

The Division produced, tested, packaged and distributed twenty-two products and continued the salvage of outdated blood. Distribution was made of purchased drugs for venereal disease control and purchased biologics for communicable disease control. Reagents used in hospital and medical laboratories for diagnostic and research purposes were prepared and distributed. On contract with the American Red Cross, special and outdated plasma for the Regional Red Cross Blood Program was fractionated, tested, packaged and distributed. Special biologic products for government agencies were prepared on request, and on occasion commercial biologic products obtained on the open market were monitored. Special laboratory services were given to hospitals, blood banks and medical research laboratories. Consultation and advice on biologic products, immunization and related topics were given for professional and lay audiences, also lectures and publications. Training was given to personnel requiring special experience in biologics and applied immunology. Research continued on problems relating to the operating functions of the Division.

No evidence has turned up to support the statement in last year's report concerning the alleged 'dangers' of 'quadruple antigen,' and it appears that the dissemination of such statements was related to the initiation of a major lawsuit based on such a claim.

The distribution of immune serum globulin fell exactly to the extent that might be predicted on the basis of measles vaccine distribution. The policies for determining the conditions or distribution of the globulin will therefore be reviewed.

Three post-doctoral trainees worked at the Institute for periods of several months. Members of the staff participated in the work of the World Health Organization, the International Pugwash Committee, the Commission on Immunization of the Armed Forces Epidemiological Board, the Advisory Committee on Immunization Practices of the Public Health Service, and various non-governmental organizations.

The Division published twenty papers in the past year, twice the number published in the five-year period 1956-1960.

Studies were carried out on the nature of the early primary immune response after one dose of toxoid, on the level of immunity five years after tetanus toxoid immunization, on the purification of toxoids, on the potency testing of typhoid vaccine, on purification of the immunizing antigen in pertussis vaccine, on the potency testing of pertussis vaccine, on the preparation of certain scarce types of gamma globulin, on the prevalence of polio antibodies in under-privileged Boston preschool children and other groups, and on ways to reduce the incidence of side reactions to tetanus toxoid booster injections.

Division of Diagnostic Laboratories

The purpose of the Division is to provide such laboratory support and guidance as is necessary and feasible in the control or elimination of diseases of public health importance.

One of the most outstanding activities has been the streptococcal throat culture testing, with the total number of specimens almost half as great again as for the previous year, although still only a fraction of the number that should be received if the recommendations of the Massachusetts Heart Association are followed.

There was an unusual number of outbreaks of food-borne disease during the year. At one time, eight different outbreaks were under investigation simultaneously.

The Chief of Laboratory acted as Program Director for a Public Health Traineeship grant for a multi-state six-day course in Basic Medical Mycology.

The Wassermann Laboratory improved its services by the institution of new diagnostic procedures such as the fluorescent treponemal antibody-absorption test and the fluorescent antibody dark field test.

Three cases of rabies in bats were diagnosed. Other animals have not yet been implicated, but Massachusetts is surrounded by states among which are reported each month a variety of animals with rabies.

A rubella (german measles) immunity service has been instituted because the tests may give useful information in cases of women either exposed to rubella or exhibiting symptoms suggestive of rubella during the first trimester of pregnancy.

The Virology Laboratory has continued to process the large number of specimens received from the Field Station in connection with the Encephalitis Surveillance Program. One case of California encephalitis in a patient has been diagnosed by serology and the antibody conversion of five out of nine 'indicator' rabbits has further confirmed the activity of California virus in Massachusetts. Both Eastern and Western viruses as well have been demonstrated as present in the State by antibody conversions among sentinel chickens and wild birds. Isolation of Eastern encephalitis also occurred from a horse. In accordance with recommendations from the National Communicable Disease Center, the Encephalitis Surveillance Program is to be expanded in such a way that there can be focal checks in various areas of the State. It is evident that the Field Station must now monitor for four arboviruses, Eastern, Western, Californian and Powassan.

The Metabolic Disorders Laboratory has continued its active screen detection program in newborns for phenylketonuria, galactosemia, and maple syrup urine disease, as well as testing on a selective basis by paper chromatography for a variety of amino-acid disorders.

The Laboratory Approval Program has been active with the steadily increasing number of laboratories applying for approval in one or more clinical diagnostic tests. Due to a revision upward in the requirements in

microbacteriology, fewer laboratories are now approved for this activity.

In cooperation with the National Communicable Disease Center, a five-day regional workshop in general bacteriology was held in Boston.

BUREAU OF TUBERCULOSIS AND INSTITUTIONS

Division of Sanatoria and Tuberculosis Control

The Division has two purposes: the ultimate eradication of tuberculosis in the State through programs which include administration and/or supervision of a State-wide network of in-patient and out-patient facilities; the provision of administrative supervision for the six public health hospitals.

The total of newly reported cases of tuberculosis was the lowest in the history of the Division. The average daily in-patient census, tuberculosis hospital admissions, case rates and death rates per hundred thousand population, and accumulated patient days all declined. Four new out-patient clinics began functioning in general hospitals and a fifth is under study. Clinic and laboratory services and facilities have been improved and expanded.

Legislation was drafted and proposals were submitted for expanded tuberculosis out-patient facilities to provide services for people with chronic obstructive lung disease. A small Recalcitrant Treatment Center is in the final stages of development and negotiations are being carried on for the establishment of another, larger center for uncooperative patients.

Energetic promotion and support has been given to a measure, subsequently approved by the Massachusetts Medical Society, which would permit the active treatment of tuberculosis at general hospitals. Encouragement has been extended for primary treatment of selected cases of active tuberculosis without prior hospitalization and a program urged of early ambulation and discharge of patients when possible. Further consolidation of regional tuberculosis hospitals is under active consideration.

A cost-finding system has been placed into operation in six institutions. Medicare and Medicaid programs are functioning reasonably well. Collection from third-party payors has improved. Rutland Heights and Lakeville Hospitals have been approved as Extended Care Facilities.

Department Hospitals

Lakeville Hospital

Lakeville Hospital is concerned with the treatment of orthopedic conditions of long standing and other conditions amenable to physiotherapy.

Resident physicians have participated in Crippled Children Clinics at Hyannis, Fall River and Brockton, and have screened patients at the Paul A. Dever and Wrentham State Schools for retarded children and advised the staff of these institutions regarding orthopedic treatment and surgery, which is usually performed at Lakeville. The Out-patient Department has followed up former patients, and has been open to patients referred by outside doctors for consultation. The small Prosthesis and Arthritis Clinic has been used by local boards of welfare.

Nurses and attendants have received in-patient training on a continuing basis, and the trainees for Licensed Practical Nurse have received organized instruction on both a lecture and a practical basis. The Residents have participated in monthly Prosthesis Clinics at the Massachusetts General Hospital.

The by-laws have been revised to incorporate a Utilization Committee, as required by the regulations for Medicare and Extended Care. Every patient who stayed over forty-five days in the hospital has been reviewed.

An Asthma Unit has been established for the treatment of intractable asthma, supervised by a specialist in asthma from the Children's Medical Center. A specialist in blood dyscrasia and a plastic surgeon have been added to the Consulting Staff.

The hospital has been the training center for seminars for Attendant Nurses, Licensed Practical Nurses, and Registered Nurses to upgrade the nursing skills in nursing homes. A seminar on stroke and one on asthma were also held.

A new unit for mentally retarded is to be added. Cooperation between the Southeastern Regional Health Office and the hospital will be strengthened in order to provide more comprehensive services for patients to be discharged. A School for Licensed Practical Nurses will be established when the new Nurses Home is completed.

New service units for specific diseases are to be established in the future, leading eventually to a Regional Health Center with a large increase in out-patient activities.

Massachusetts Hospital School

The Massachusetts Hospital School was established as a school with hospital facilities and resident medical, nursing and teaching staff, for the care and education of mentally competent, physically handicapped children.

The new Nils V. Nelson Building was formally opened at Christmas time and patients admitted to it. By mid-April all eligible patients from the waiting list had been admitted to the School.

Recruitment of new staff allowed the opening of a Self-Care Unit for patients who can perform activities of daily living there as they could not in a regular hospital setting.

During the past year, the Hospital School formed two new affiliations, one with Wilberforce College of Ohio for the training of sociology students, and the second with the Sargent School of Occupational Therapy of Boston University.

Another innovation has been the introduction of Parent Meetings every two weeks, with members of the staff talking to interested parents on various subjects.

Pondville Hospital

The Pondville Hospital was established in 1927 for the diagnosis, treatment, and follow-up of patients with cancer or precancerous lesions. It has the same functions as other hospitals, patient care, education and training, and research.

Patients receive the benefits of the most modern methods of treatment, comprising surgery, chemotherapy and radiation. Complete reports are sent to referring physicians on the diagnosis, treatment, and follow-up care of their patients. This policy has significant educational value analagous to the major purpose of the Federal attack on heart disease, cancer and stroke. Pondville expects to be included in the regional program which involves Massachusetts, New Hampshire and Rhode Island.

The hospital has a Training Program for Practical Nurses. The Licensed Practical Nurses, on completion of their training, take positions at the Hospital and provide most of the nursing care, under the direction and supervision of graduate nurses.

Advanced speciality training in the treatment of cancer is provided for physicians on assignment from various Boston hospitals. They serve in the Departments of Medicine, Surgery, Pathology, and Radiology.

Research continues on the relationship between tumor and host. Studies are being conducted to isolate and characterize tumor antigens for immunization purposes. Research at Pondville is clinically oriented. The Medical Staff is considering the feasibility of expanding research which is dependent upon research staff and physical facilities.

The Nuclear Medicine Service has expanded and is offered to State hospitals, as well as to private hospitals on a limited scale. Studies are made for deep-seated disease in the brain, bone, thyroid, lung, kidney and spleen.

Rutland Heights Hospital

Chapter 648 of the Laws of the Commonwealth was signed on August 26, 1965 by the Governor, establishing the Rutland Heights Hospital 'for the care and treatment of patients suffering from chronic and other diseases.'

It is apparent that the most urgent hospital needs in Central Massachusetts are for long-term rehabilitation, terminal care, and the treatment of alcoholics. Other health needs in the area are for sheltered and home care for individuals physically, psychologically or socially handicapped. Criteria have been set up at Rutland Heights for the admission and treatment of patients who fall into these categories, giving priority in the order named.

With the conviction that the hospital and the community are indivisible, the hospital has participated in activities of community, professional and lay organizations and in Hospital Week, and has held frequent open-house receptions.

The education of the public in proper utilization of health facilities, the patients in intelligent self-reliance and living with their disability, and the hospital personnel in constructive re-evaluation in their roles in the team and in the training of auxiliary personnel, has been part of the Rutland Heights program.

A continuous in-service training program was instituted for the upgrading of all members of the nursing staff. Medical teaching conferences and general staff conferences were also instituted. Two one-week institutes for the community were held, one in rehabilitation nursing and one in comprehensive patient care. There was a one-day institute for the care of patients with non-tuberculous chest diseases.

An exhibit on Incentive Therapy won a Blue Ribbon at the New England Hospital Assembly and was displayed as well at the meeting of the New England Public Health Association.

The modern D-Building was made available to the Mental Health Rehabilitation Center and the relationship between the hospital and the mental hygiene programs has been friendly.

In light of the Comprehensive Health Planning Act of 1966, it is essential that all planning be considered within the basic philosophy of regionalization. Therefore, any plans for the future will depend on the master program for Central Massachusetts.

Tewksbury Hospital

Tewksbury Hospital provides care and treatment for chronically ill patients, including domiciliary and terminal care.

The new hospital, nearly completed, is rated as one of the most advanced hospital buildings of its type in the country.

A study has been made in contemplation of a Half-Way House, to be a stepping stone for certain patients leaving the hospital and preparing to return to the community.

The Board of Commissioners of the Joint Commission on Accreditation of Hospitals has approved the recommendation that Tewksbury be accredited for a period of three years or until a subsequent survey is conducted.

A new Inhalation Therapy Department has been opened. The use of oxygen in the care of patients afflicted with emphysema and related lung conditions fills a definite need for those with this long-term illness. Incorporated into the nucleus is the control of all oxygen used in the hospital. Under the supervision of the Medical Director, a qualified Certified Registered Nurse Anesthetist handles the equipment and supervises the treatment.

The Area I Emergency Operating Center of Civil Defense is located at Tewksbury. A very successful Natural Disaster Drill (Hurricane) was held on the hospital grounds by the Civil Defense unit, with observers from all

over the country.

The Clinical Pastoral Training Program continues, with theological students serving on the wards and working and ministering on the grounds. The students attend lectures, seminars and religious services during the twelve-week course.

Western Massachusetts Hospital

The hospital offers for the residents of western Massachusetts in-patient and out-patient care to those suffering from all forms of cancer, tuberculosis and chronic pulmonary diseases, and maintains an approved residency in cancer surgery, an approved dental internship in oral medicine, and an approved School for Licensed Practical Nurses.

The bed capacities of the cancer and the chronic disease divisions have been increased, that of the tuberculosis division decreased. Cryotherapy, an ambulatory treatment of skin cancer, has been the therapy of choice during the past year and the end results have been gratifying. There has been an increase in the number of patients requiring extensive head and neck surgery and a resultant increase in maxillofacial prosthetic work under the direction of the dental department. With the increase in the number of severely ill head and neck patients, and in the number of patients with vascular problems, the surgical department has inaugurated the use of intra-arterial hydrogen peroxide in combination with x-ray in the first instance and vascular grafts and by-passes in the second.

No new change in the treatment of tuberculosis has appeared and the admission rate has remained about the same. Four new monthly extramural clinics have been added. Staff members examined all children at Camp Keepwell, gave in-service training to staff and student nurses, and conducted training sessions in chest diseases for student nurses from the Holyoke and Mercy Hospitals and University of Massachusetts Schools of Nursing.

The hospital was host to the 61st meeting of the New England Cancer Society, with the entire program presented by members of the visiting staff; to the in-service educational program on Rehabilitative Concepts in Nursing, sponsored by the western chapter of the Massachusetts Heart Association; to the semi-annual meeting of the Regional Group of College Librarians; and to a workshop for nursing home personnel on the Nursing Care of Patients with Long-Term Illnesses. The medical staff presented Cancer Teaching Days for practicing physicians in the area in September and May.

The future of the hospital should be in the direction of a regional cancer and tuberculosis center fully equipped and staffed for complete in-patient and out-patient care, treatment and rehabilitation, with medical school affiliation and the encouragement of clinical research.

With the dedication of the new School for Licensed Practical Nurses, the total quota of students will be sixty. The Board of Registration in Nursing has informed the Director of Nurses that the school ranks fourth in the Commonwealth. The faculty of the school will once again investigate the possibility of converting to a two-year collegiate program.

Respectfully submitted,

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